

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018737

Entity Name: N&D MANUFACTURING, INC.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

2165 SUNNYDALE BLVD
SUITE Q
CLEARWATER, FL 33765

Current Mailing Address:

2165 SUNNYDALE BLVD
SUITE Q
CLEARWATER, FL 33765

New Principal Place of Business:

2165 SUNNYDALE BOULEVARD
SUITE Q
CLEARWATER, FL 33765 US

New Mailing Address:

2165 SUNNYDALE BOULEVARD
SUITE Q
CLEARWATER, FL 33765 US

FEI Number: 20-0663428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROKTHI, AGUSTIN
2165 SUNNYDALE BLVD
SUITE Q
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

TROKTHI, AGUSTIN
2165 SUNNYDALE BOULEVARD
SUITE Q
CLEARWATER, FL 33765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AUGUSTIN TROKTHI

02/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROKTHI, KLARETA
Address: 2545 NE COACHMAN RD , #174
City-St-Zip: CLEARWATER, FL 33765

Title: VPD () Delete
Name: TROKTHI, AGUSTIN
Address: 2545 NE COACHMAN RD , #174
City-St-Zip: CLEARWATER, FL 33765

Title: STD () Delete
Name: SIMA, BLENDI
Address: 1703 CAPRI LANE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TROKTHI, KLARETA
Address: 2545 NE COACHMAN RD , #174
City-St-Zip: CLEARWATER, FL 33765 US

Title: VPD (X) Change () Addition
Name: TROKTHI, AGUSTIN
Address: 2545 NE COACHMAN RD , #174
City-St-Zip: CLEARWATER, FL 33765 US

Title: STD (X) Change () Addition
Name: SIMA, BLENDI
Address: 1703 CAPRI LANE
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTIN TROKTHI

VP

02/09/2007

Electronic Signature of Signing Officer or Director

Date