2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATURE:

address, with all other like empowered.

FILED Jan 22, 2007 08:00 AM DOCUMENT # P04000071245 Secretary of State 1. Entity Name NILES NELSON, INC. Principal Place of Business Mailing Address 2541 BROOKSHIRE CIRCLE 2541 BROOKSHIRE CIRCLE W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 20-1333855 Not Applicable Zip Country Country Zω \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, HENRY NILES 2541 BROOKSHIRE CIRCLE Street Address (P.O. Box Number is Not Acceptable) W. MELBOURNE FL 32904 Zip Code 8. 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. I am familiar with, and accept the obligations of registered as SIGNATURE Signature, typed or printed carrie of registered agent and title it applicable. (NOTE; Hegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D иш Change ☐ Delete NELSON, HENRY NILES NAMI NAM U000000596710 2541 BROOKSHIRE CIRCLE STRUCT ADDRESS STREET ADDRESS 01/24/07-80007-006 150.00 W. MELBOURNE FL 32904 CITY-S1-ZIP CITY-ST-7IP 100 ☐ Delete Change Addution NAMI NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ■ Addition DHII Delete Change STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP ☐ Change HH ☐ Defete THE ■ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7(P CHY-ST-ZIP 10111 Delete mir ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY+ST-7IP Defete ☐ Change ■ Addition THUE TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficiency 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 in Block 10 or Block 11

ency Nils Melson STE