2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90101 047 ****50.00
02-19-2007 90048 001 ***100.00

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01172007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000079000

1. Entity Name
N.Y.C.R. INC.

Principal Place of Business	Mailing Address
2390 TAMIAMI TRL LN STE 204 NAPLES, FL 34103	2390 TAMIAMI TRL LN STE 204 NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2390 Tamiami Trail north	2390 Tamiami Trail north
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.: Suite 204
City & State: Naples, FL	City & State: Naples, FL
Zip: 34105 Country: USA	Zip: 34103 Country: USA

4. FEI Number: 20-1134098 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Kathleen C. Passidomo
	Street Address (P.O. Box Number is Not Acceptable): 2390 Tamiami Trail North
	Suite 204
	City: Naples FL Zip Code: 34105

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 agent.

SIGNATURE: Kathleen C. Passidomo January 17, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	KELLY, SHAUN N	NAME	KELLY SHAUN N.
STREET ADDRESS	530 SPRINGLINE DR	STREET ADDRESS	2390 TAMIAMI TR. N. #206
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	NAPLES FL 34103
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: January 17, 2007 239 261-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #