

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90245 015 \*\*\*150.00

<b>DOCUMENT # P04000079041</b>			
<b>1. Entity Name</b> NIEL LATEGAN, INC.			
<b>Principal Place of Business</b> 9858 N.W. 1ST COURT PLANTATION, FL 33324		<b>Mailing Address</b> 9858 N.W. 1ST COURT PLANTATION, FL 33324	
<b>2. Principal Place of Business</b> 6700 Cypress Road Suite, Apt. #, etc. #310 City & State Plantation, FL Zip 33317		<b>3. Mailing Address</b> 6700 Cypress Road Suite, Apt. #, etc. #310 City & State Plantation, FL Zip 33317	
03312006      Chg-P      CR2E034 (11/05)			
<b>4. FEI Number</b> 20-1184390		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> LATEGAN, NIEL 9858 N.W. 1ST COURT PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Lategan, Niel Street Address (P.O. Box Number is Not Acceptable) 6700 Cypress Road #310 City Plantation      FL      Zip Code 33317	
<b>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.</b> SIGNATURE:  DATE: 04/18/2006 <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LATEGAN, NIEL 9858 N.W. 1ST COURT PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lategan, Niel 6700 Cypress Road #310 Plantation, FL, 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> 		04/18/2006 Date      Daytime Phone #	