

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090636

FILED
Apr 09, 2009
Secretary of State

Entity Name: NIAC INC.

Current Principal Place of Business:

280 CRYSTAL GROVE BLVD #107
LUTZ, FL 33548

New Principal Place of Business:

19239 NORTH DALE MABRY HWY.
#114
LUTZ, FL 33548

Current Mailing Address:

280 CRYSTAL GROVE BLVD #107
LUTZ, FL 33548

New Mailing Address:

19239 NORTH DALE MABRY HWY.
#114
LUTZ, FL 33548

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW AGE MARKETING SOLUTIONS,INC
4809 EAST BUSCH BLVD
STE 202-6
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

D&T MANAGEMENT GROUP, INC.
19239 NORTH DALE MABRY HWY.
#114
LUTZ, FL 33548 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: TODD MAUTNER

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: CAIN, JAYSON
Address: 22441 N.E. W.C. FARMS ROAD
City-St-Zip: HOSFORD, FL 32334

Title: ST () Delete
Name: CAIN, CHRISTY
Address: 22441 N.E. W.C. FARMS ROAD
City-St-Zip: HOSFORD, FL 32334

Title: D (X) Delete
Name: MAUTNER, TODD
Address: 19239 N. DALE MABRY HWY #114
City-St-Zip: LUTZ, FL 33548

Title: D (X) Delete
Name: GARCIA, DANIEL
Address: 22739 PENNY LOOP
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAUTNER, TODD
Address: 19239 NORTH DALE MABRY HWY. #114
City-St-Zip: LUTZ, FL 33548 US

Title: VP (X) Change () Addition
Name: MAUTNER, TODD
Address: 19239 NORTH DALE MABRY HWY. #114
City-St-Zip: LUTZ, FL 33548 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TODD MAUTNER

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date