

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000103304

FILED
May 01, 2006
Secretary of State**Entity Name:** NECTAR DELIGHTS INC.**Current Principal Place of Business:**4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146**New Principal Place of Business:**9450 SW 77 AVE
Q4
MIAMI, FL 33156**Current Mailing Address:**4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146**New Mailing Address:**9450 SW 77 AVE
Q4
MIAMI, FL 33156**FEI Number:** 20-1379690**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WAITE, PETER
4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**WAITE, PETER
9450 SW 77 AVE
Q4
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

05/01/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAITE, PETER B
Address: 4000 PONCE DE LEON BLVD. STE. 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAITE, PETER B
Address: 9450 SW 77 AVE, #Q4
City-St-Zip: MIAMI, FL 33156

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: PETER WAITE

Electronic Signature of Signing Officer or Director

P

05/01/2006

Date