2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P04000125494 04-19-2007 90185 038 ***150.00 1. Entity Name NIKKI NICOLE'S INC. Principal Place of Business Mailing Address 4000 6400 N DAVIS HWY 6400 N DAVIS HWY PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2950 Langley 2950 Langley 03282007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FL 03-0545446 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent urner, Mea TURNER, MEGHAN 6400 N DAVIS HWY PENSACOLA, FL 32504 Zip Code 32504 Pensacola 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 accep the obligations of registered agent. 4/14/07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE ■ Addition TURNER, MEGHAN 2956 LANGLEY AVE TURNER, MEGHAN NAME NAME 6400 N DAVIS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CHY-SI-ZIP TITLE Delete ☐ Addition Change Change HAYWOOD, WALLACE NAME NAME 6400 N DAVIS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIZLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP ☐ Delete ☐ Channe TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 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