2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 08:00 AM Secretary of State

	AITHVAL	177-1 A1/1		_ Jan 20, 2000 00.00 AM	
DOCUMENT # P04000126996 1. Entity Name NU TISSUE INC.				Secretary of State	
Principal Place	e of Business	Mailing Address	~4		
1612 NATUR		1612 NATURE COURT			
	GARDENS, FL 33410	PALM BEACH GARDENS, FL	33410		
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DO NOT WRITE IN THIS SPACE				01172006 No Chg-P CR2E034 (11/05)	
			NCE	4. FEI Number Applied For	
}				20-1635792 Not Applicable	
				5. Certificate of Status Desired \$8.75 Additional	
				Fee Required	
ſ <u></u>	6. Name and Address of Current R	egistered Agent			
}			·}	·	
	I, JONATHAN A DR.			DO NOT WRITE	
1612 NATURE COURT					
PALM BEACH GARDENS, FL 33410				IN THIS SPACE	
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j			[
B. The above	named entity submits this statement for	the numose of changing its regist	ered office or registe	red agent, or both, in the State of Florida, 1 am familiar with, and accept	
the obligat	ions of registered agent."	The property of the least of the court of th	area cinos ar region	red agent, or both, in the State of Florida. I am familiar with, and accept	
{			CO	1/12/06	
SIGNATURE for Million Janath Cottonian 1/1/100					
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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND D	NAECTOAS .			
RITLE	PTD		=	USANGGAA ACT	
NAME	COFFMAN, JONATHAN		· (100000391857	
STREET ADDRESS	1612 NATURE COURT			01/24/06-80058-008 150.00	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	410	_1		
TITLE	V P			- -	
{ NAME	MURRAY, PETER		ŧ		
STREET ADDRESS	2801 SW 73RD WAY APT, 1701				
CITY-ST-ZIP	DAVIE, FL 33314		_}		
TITLE	S		1		
NAME	GARCIA-GODOY, FRANKLIN	•	1	•	
STREET ADDRESS	3333 WESTON HILLS		.3	DO NOT WRITE	
CITY-ST-ZIP	WESTON, FL 33327			DO NOT WINITE	
TITLE		-, -		IN THIS SPACE	
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CITY-ST-ZIP	{		i i		
12. hereby	certify that the information sumplied with	this filling does not qualify for the	exemptions contains	ed in Chapter 119. Florida Statutes, I further certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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.					
Changed, or on an attachment with an address/with all other like any other like the changed of t					
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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

17/06

954-536-7692

Daytime Phone #