


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000167877</b><br>1. Entity Name<br><b>NIDA-CORE CORPORATION</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>541 NW INTERPARK PLACE<br/>PORT ST LUCIE FL 34986</b> | Mailing Address<br><b>541 NW INTERPARK PLACE<br/>PORT ST LUCIE FL 34986</b> |
|---|---|



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br><b>13-3454150</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | Applied For<br>Not Applicable   |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| Zip                            | Country             | Zip   |
| Country                        | Country             | Country   |

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**JACQUINET, DAMIEN  
541 NW INTERPARK PLACE  
PORT ST LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P O Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |
| NAME                       | <b>JACQUINET, DAMIEN</b>                 |
| STREET ADDRESS             | <b>541 NW INTERPARK PLACE</b>            |
| CITY-ST-ZIP                | <b>PORT ST LUCIE FL 34986</b>            |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

U00000545245  
05/11/06-80070-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Damien Jacquet* Date: 4/6/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #