2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attac

SIGNATURE:

Secretary of State 03-22-2006 90027 042 ***150.00 DOCUMENT # P04000171041 1. Entity Name NADC (SHELF 4), INC. Principal Place of Business Mailing Address 50004633 ONE NORTH CLEMATIS ST., STE. 305 ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2697252 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent W.S. Preston WIENER, DAVID J ESQ. Street Address ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401 City tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above nag the obligation 2/21/04 SIGNATURE Signature, typ d or printed name of registered agent and title if applicable (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, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DΡ Deiete TITLE ☐ Change Addition PRESTON, JOHN W S NAME NAME ONE NORTH CLEMATIS ST., STE. 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP DVST TITLE ☐ Chance TITLE ☐ Delete ☐ Addition **GREEN, ROBERT S** NAME NAME 2851 JOHN ST., STE. ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARKHAM, ON L3R5R7 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PRESTON, STEPHEN S.B. NAME ONE N CLEMATIS STREET SUITE 305 STREET ADDRESS STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY+ST-ZIP Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information it is use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director downward to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in 12. I hereby certify that the information? indicated on this report or su of the corporation or the rec

other like empowered.

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 22, 2006 8:00 am