

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000312

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: NOMADIC NOTARIES, INC.

**Current Principal Place of Business:**

59 LA JEAN DRIVE  
FORT PIERCE, FL 34947 US

**New Principal Place of Business:**

75 LA JEAN DRIVE  
FORT PIERCE, FL 34947 US

**Current Mailing Address:**

PO BOX 2934  
FORT PIERCE, FL 34954 US

**New Mailing Address:**

FEI Number: 32-0138476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLS, MELISSA E  
59 LA JEAN DRIVE  
FORT PIERCE, FL 34947 US

**Name and Address of New Registered Agent:**

MILLS, MELISSA E  
75 LA JEAN DRIVE  
FORT PIERCE, FL 34947 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: \_\_\_\_\_ 01/24/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, S ( ) Delete  
Name: MILLS, MELISSA E  
Address: 59 LA JEAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VP T ( ) Delete  
Name: BASS, JUDY F  
Address: PO BOX 2934  
City-St-Zip: FORT PIERCE, FL 34954 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, S (X) Change ( ) Addition  
Name: MILLS, MELISSA E  
Address: 75 LA JEAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VP T (X) Change ( ) Addition  
Name: BASS, JUDY F  
Address: 59 LA JEAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

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: MELISSA E. MILLS      P      01/24/2006  
Electronic Signature of Signing Officer or Director      Date