

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000019197

Entity Name: DOUBLE NICKEL, INC.

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1732 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1732 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASSAM, NICK  
1732 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTDS ( ) Delete  
Name: KASSAM, NICK  
Address: 141 DERBY LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: LESAGE, LYNE  
Address: 141 DERBY LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LESAGE, LYNE  
Address: 141 DERBY LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify 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: NICK KASSAM

P

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date