2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

DOCUMENT# P05000025682

Entity Name: NIGHT-GEAR INC.

Current Principal Place of Business:

1239 SE INDIAN ST.
SUITE 109
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

1239 SE INDIAN ST.
SUITE 109
STUART, FL 34997 US

New Mailing Address:

FEI Number: 20-2355914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MARK
1239 SE INDIAN ST. SUITE 109
SUITE 109
STUART, FL 34997 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: P
Name: WILSON, MARK
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

Title: VP
Name: WILSON, MARY MARTHA
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

Title: S
Name: WILSON, MARK
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

Title: T
Name: WILSON, MARK
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

Title: DIR
Name: WILSON, MARK
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

Title: DIR
Name: WILSON, MARY MARTHA
Address: 1239 SE INDIAN ST. SUITE 109
City-St-Zip: STUART, FL 34997 US

I hereby 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 all other like empowered.

SIGNATURE: MARK D WILSON PRES 01/12/2012

Electronic Signature of Signing Officer or Director Date