2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078706

Entity Name: NSR DISPLAYS INC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11041 LEGACY BLVD SUITE 104 PALM BEACH GARDENS, FL 33410 **New Mailing Address: Current Mailing Address:** 11041 LEGACY BLVD SUITE 104 PALM BEACH GARDENS, FL 33410 FEI Number: 20-2934073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCABE, MICHAEL P 11041 LEGACY BLVD SUITE 104 PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition MCCABE, MICHAEL P MR. Name: Name: 11041 LEGACY BLVD, SUITE 104 Address: Address: City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33410 US Title: () Delete Title: () Change (X) Addition COCCO, STEPHEN MR. Name: Name: 18 GALASSI CT Address: Address: JACKSON, NJ 08527 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition ANDIORIO, PAUL MR. Name: Name: 1715 AZRUE DRIVE Address Address: City-St-Zip: City-St-Zip: WALL TWP, NJ 07753 US Title: () Delete Title: () Change (X) Addition CRIPPEN, BRENT MR. Name: Name: Address: Address: 1677 SW SEA HOLLY WAY City-St-Zip: City-St-Zip: PALM CITY, FL 34990 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: MICHAEL MCCABE P 04/28/2006