

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078706

Entity Name: NSR DISPLAYS INC.

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

369 NE BAKER ROAD  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

369 NE BAKER ROAD  
STUART, FL 34994

## New Mailing Address:

FEI Number: 20-2934073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCABE, MICHAEL P  
369 NE BAKER ROAD  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

MCCABE, MICHAEL P  
2764 SE BIRMINGHAM DRIVE  
STUART, FL 34994 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: MICHAEL MCCABE

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCABE, MICHAEL P MR.  
Address: 11041 LEGACY BLVD, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: V ( ) Delete  
Name: COCCO, STEPHEN MR.  
Address: 18 GALASSI CT  
City-St-Zip: JACKSON, NJ 08527 US

Title: D ( ) Delete  
Name: ANDIORIO, PAUL MR.  
Address: 1715 AZRUE DRIVE  
City-St-Zip: WALL TWP, NJ 07753 US

Title: D (X) Delete  
Name: CRIPPEN, BRENT MR.  
Address: 1677 SW SEA HOLLY WAY  
City-St-Zip: PALM CITY, FL 34990 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARTWRIGHT, THOMAS MR.  
Address: 10 PERRIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34996 US

Title: V (X) Change ( ) Addition  
Name: MICHAEL, MCCABE P MR.  
Address: 2764 SE BIRMINGHAM DRIVE  
City-St-Zip: STUART, FL 34994

Title: S/T (X) Change ( ) Addition  
Name: CARTWRIGHT, ANNA MRS.  
Address: 10 PERRIWINKLE CIRCLE  
City-St-Zip: STUART, FL 34994

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

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

V

01/16/2007

Electronic Signature of Signing Officer or Director

Date