

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078706

Entity Name: NSR DISPLAYS INC.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

369 NE BAKER ROAD
STUART, FL 34994

New Principal Place of Business:

439 NE BAKER ROAD
STUART, FL 34994

Current Mailing Address:

369 NE BAKER ROAD
STUART, FL 34994

New Mailing Address:

439 NE BAKER ROAD
STUART, FL 34994

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
2764 SE BIRMINGHAM DRIVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

MCCABE, MICHAEL P
439 NE BAKER RD
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:

05/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL MCCABE

V

05/05/2008

Electronic Signature of Signing Officer or Director

Date