


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 024 ***150.00

DOCUMENT # P05000087585			
1. Entity Name NICOLAUDIE AMERICA, INC.			
Principal Place of Business 2632 ELLEN AVENUE KISSIMMEE, FL 34744		Mailing Address 2632 ELLEN AVENUE KISSIMMEE, FL 34744	
2. Principal Place of Business - No P.O. Box # 8718 Kenmore CV Suite, Apt. #, etc.		3. Mailing Address 8718 Kenmore CV Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando FL	
Zip 32836-5751		Country USA	
Zip 32836-5751		Country USA	
6. Name and Address of Current Registered Agent SERFATY, CHARLES S. 4340 SHERIDAN ST., SECOND FLOOR HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: James Hemphill Street Address (P.O. Box Number is Not Acceptable): 1134 New York Ave City: St Cloud FL Zip Code: 34769-3782	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>James C Hemphill</i> James C Hemphill DATE: 3/8/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NICOLAUDIE, BRUNO 2632 ELLEN AVENUE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8718 Kenmore CV Orlando, FL 32836-5751
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 3/8/07 Daytime Phone #: 407-892-1506	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	