

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000111752

Entity Name: NACCOM, INC.

FILED
Oct 26, 2006
Secretary of State

Current Principal Place of Business:

940 NW 197TH AVE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

940 NW 197TH AVE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 33-1122721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLEY, NEIL
940 NW 197TH AVE
PEMBROKE PINES, FL 33029 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: NEIL CHARLEY

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: CHARLEY, NEIL
Address: 940 NW 197TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: CHARLEY, PATRICIA
Address: 940 NW 197TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: EMMETT, DAVE
Address: 940 NW 197TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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 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: NEIL CHARLEY

Electronic Signature of Signing Officer or Director

P

10/26/2006

Date