## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P05000116445 07-23-2007 90034 038 \*\*\*158.75 NICHOLS PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 1210 S. INTERNATIONAL PARKWAY 1210 S. INTERNATIONAL PARKWAY 4UISONY -**SUITE 168** SUITE 166 HEATHROW: FL 32746 - US-HEATHROW, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 225 Wa 5 Waymont C Suite, Apt. #, etc. 07172007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For City & State Mar 33-1123440 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u.s 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1210 S. INTERNATIONAL PARKWAY **SUITE 166** HEATHROW, FL 32746 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE 225 Waymont Ct. St.111 NICHOLS, TIMOTHY J NAME NAME STREET ADDRESS 1210 S. INTERNATIONAL PARKWAY STE. 166 STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NICHOLS, BARBARA S 225 Waymont Ct. St.111 NAME NAME 1210 S. INTERNATIONAL PARKWAY STE. 166 STREET ADDRESS STREET ADDRESS Han, FL 32740 CITY-ST-7IP HEATHROW, FL 32746 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accurate 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:

FILED

Jul 23, 2007 8:00 am