108 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158493

1. Entity Name

THE NICKLAUS GROUP, INC.



FILED
Apr 24, 2008 08:00 AM
Secretary of State

Principal Place of Business

11780 US HIGHWAY #1 SUITE 500

NORTH PALM BEACH, FL 33408

Mailing Address

11780 US HIGHWAY #1 Suite 500

NORTH PALM BEACH, FL 33408



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4075279

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER 660 U.S. HIGHWAY #1 3RD FLOOR NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

					•	• •	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its reg	istered office	or r	egistered agent, or bot	in, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Re	gistered Agent sig	nature	required when reinstating)	DATE	
FIL After M		Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DOTY, DONNA L 11780 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33478						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· .	•		U00000919082 05/13/08-80104-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME				<i></i>			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NGHATURE AND TYPED OR PUNITED NAME OF BIGHING OFFICE OR DIRECT

3/20:08

561.227.0320