

2007 FOR PROFIT CORPORATION ANNUAL REPORT

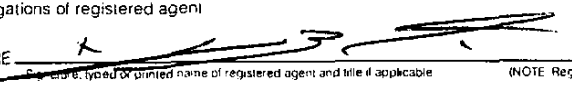
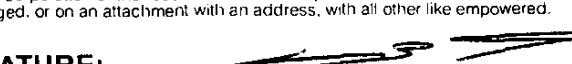
FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90431 018 ***158.75

DOCUMENT # P06000037939 1. Entity Name NIAN FINANCING CORP.					
Principal Place of Business 6006 RADIO RD NAPLES, FL 34104 US			Mailing Address 6006 RADIO RD NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box # 6020 RADIO Rd		3. Mailing Address 6020 RADIO Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 20-4495697	
Zip 34104		Country USA		Applied For ☐ Not Applicable	
Zip 34104		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, ANTONIO 6006 RADIO RD NAPLES, FL 34104			7. Name and Address of New Registered Agent Name ANTONIO BROWN Street Address (P.O. Box Number is Not Acceptable) 6020 RADIO Rd City NAPLES FL Zip Code 34104		
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 Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating) DATE 4/24/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P BROWN, ANTONIO ☐ Delete 652 POMPAÑO DR. NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANTONIO BROWN ☒ Change ☐ Addition 6000 Radio Rd NAPLES FL 34104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/24/07 239 5301700 Daytime Phone #		

ATTACHMENT

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