2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049234

Entity Name: N.S.G.I. INC.

FILED Apr 30, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place | New Principal Place of Business: | |
|--|---|----------------|---------------------|--|-----------------------------------|--|
| | 88 AVENUE ST RANCHES, | FL 33332 | US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | 88 AVENUE ST RANCHES, | FL 33332 | US | | | |
| FEI Number: | 76-0824092 | FEI Number Ap | plied For () FEI N | Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| 6400 SW 18 | TE, STEVE 88 AVENUE ST RANCHES, | FL 33332 | US | | | |
| 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. | | | | | | |
| SIGNATUR | E: | | | | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P () D ARCAMONTE, ST 6400 SW 188 AVE SOUTHWEST RAI | EVE ENUE | 32 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CFO () D ARCAMONTE, CA 6400 SW 188 AVE SOUTHWEST RAI | ARLA J ENUE | 32 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () D ARCAMONTE, ED 4216 ARTHUR ST HOLLYWOOD, FL | WARD REET | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: CARLA ARCAMONTE CFO 04/30/2008