

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116159

Entity Name: VAN DYKE NOUVEAU GLO INC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

16339 HEATHROW DRIVE
TAMPA, FL 33647

New Principal Place of Business:

17663 N DALE MABRY HWY.
LUTZ, FL 33548

Current Mailing Address:

16339 HEATHROW DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-5508432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUD, MITZI
4946 ANNISTON CIRCLE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CRAWFORD, SHERRI L VPO
16339 HEATHROW DRIVE
TAMPA, FL 33647 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.

SIGNATURE: SHERRI CRAWFORD

05/02/2007

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, S () Delete
Name: CLOUD, MITZI
Address: 4946 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: VPO () Delete
Name: CRAWFORD, SHERRI
Address: 16339 HEATHROW DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VPF () Delete
Name: CRAWFORD, GREG
Address: 16339 HEATHROW DRIVE
City-St-Zip: TAMPA, FL 33647

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 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: SHERRI CRAWFORD

VPO

05/02/2007

Electronic Signature of Signing Officer or Director

Date