2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155716

Name:

Address: City-St-Zip:

Entity Name: NOMAD MARKETING, INC.

FILED May 08, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 5517 LEGACY CRESCENT PLACE #103 RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 5517 LEGACY CRESCENT PLACE #103 RIVERVIEW, FL 33569 FEI Number: 76-0845328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EBANKS, ANNEMARIE K 5517 LEGACY CRESCENT PLACE #103 RIVERVIEW, FL 33569 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition EBANKS, DAMON A Name: Name: 5517 LEGACY CRESCENT PLACE #103 Address: Address: City-St-Zip: BRANDON, FL 33569 City-St-Zip: () Delete Title: CFO Title: () Change () Addition Name: EBANKS, ANNEMARIE K Name: 5517 LEGACY CRESCENT PLACE #103 Address: Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HAGOOD, CURTIS L

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAMON EBANKS	CEO	05/08/2007

6601 MARINA POINTE VILLAGE CT. #102

TAMPA, FL 33635