

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155716

Entity Name: NOMAD MARKETING, INC.

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

5517 LEGACY CRESCENT PLACE
#103
RIVERVIEW, FL 33569

New Principal Place of Business:

6519 SUMMER COVE DR
RIVERVIEW, FL 33578

Current Mailing Address:

5517 LEGACY CRESCENT PLACE
#103
RIVERVIEW, FL 33569

New Mailing Address:

6519 SUMMER COVE DR
RIVERVIEW, FL 33578

FEI Number: 76-0845328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBANKS, ANNEMARIE K
5517 LEGACY CRESCENT PLACE
#103
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

EBANKS, ANNEMARIE K
6519 SUMMER COVE DR
RIVERVIEW, FL 33578 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: ANNEMARIE EBANKS

08/18/2008

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: CEO () Delete
Name: EBANKS, DAMON A
Address: 5517 LEGACY CRESCENT PLACE #103
City-St-Zip: BRANDON, FL 33569

Title: CFO () Delete
Name: EBANKS, ANNEMARIE K
Address: 5517 LEGACY CRESCENT PLACE #103
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: EBANKS, DAMON A
Address: 6519 SUMMER COVE DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: CFO (X) Change () Addition
Name: EBANKS, ANNEMARIE K
Address: 6519 SUMMER COVE DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: VP () Change (X) Addition
Name: EBANKS, ASHLEY J
Address: 10213 COURTNEY PALMS BLVD., APT. 201
City-St-Zip: TAMPA, FL 33619

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: ANNEMARIE EBANKS

CFO

08/18/2008

Electronic Signature of Signing Officer or Director

Date