

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037564

Entity Name: NEIMAR ENTERPRISES, INC.

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

1926 SHADOW PINE COURT
OVIEDO, FL 32766

New Principal Place of Business:

1926 SHADOW PINE CT
OVIEDO, FL 32766 50

Current Mailing Address:

1926 SHADOW PINE COURT
OVIEDO, FL 32766

New Mailing Address:

1926 SHADOW PINE CT
OVIEDO, FL 32766 50

FEI Number: 20-8715252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWBRIDGE, MARILYN
1926 SHADOW PINE COURT
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

NEIL, MARILYN S MRS
1926 SHADOW PINE CT
OVIEDO, FL, FL 32766 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: NEIL STRAWBRIDGE

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRAWBRIDGE, MARILYN
Address: 1926 SHADOW PINE COURT
City-St-Zip: OVIEDO, FL 32766

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

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

Title: () Delete
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City-St-Zip:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: STRAWBRIDGE, MARILYN K
Address: 1926 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766 50

Title: MR () Change (X) Addition
Name: STRAWBRIDGE, NEIL S
Address: 1926 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766 50

Title: MR () Change (X) Addition
Name: STRAWBRIDGE, NEIL S
Address: 1926 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766 50

Title: MR () Change (X) Addition
Name: STRAWBRIDGE, NEIL S
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Title: MR () Change (X) Addition
Name: STRAWBRIDGE, NEIL S
Address: 1926 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766 50

Title: MR () Change (X) Addition
Name: STRAWBRIDGE, NEIL S
Address: 1926 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766 50

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: NEIL STRAWBRIDGE

MR

04/11/2008

Electronic Signature of Signing Officer or Director

Date