2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P32270

Entity Name: NICKLAUS PRODUCTIONS, INC.

Current Principal Place of Business:

11780 US HWY 1
STE 500
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 US HWY 1
STE 500
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2384382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER P.A.
660 U. S. HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NICKLAUS, JACK W.,
Address: 11780 U.S. HWY. ONE #500
City-St-Zip: N. PALM BEACH, FL

Title: AS ( ) Delete
Name: WORMAN, PAT
Address: 11780 U.S. HWY. ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD ( ) Delete
Name: BOWDEN, KEN,
Address: 56 HERMIT LANE
City-St-Zip: WESTPORT, CT

Title: VPD ( ) Delete
Name: SHERMAN, DAVID G.,
Address: 11780 U.S. HWY. ONE #5400
City-St-Zip: N. PALM BEACH, FL

Title: VPST (X) Delete
Name: BATES, JACK P.
Address: 11780 U.S. HIGHWAY ONE, SUITE 5400
City-St-Zip: NORTH PALM BEACH, FL

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:

Title: VPD (X) Change ( ) Addition
Name: SHERMAN, DAVID G.,
Address: 11780 U.S. HWY. ONE #500
City-St-Zip: N. PALM BEACH, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAT WORMAN AS 02/07/2006

Electronic Signature of Signing Officer or Director — Date