

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000013593

1. Entity Name
N & C ELECTRONICS, INC.



**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90110 017 ***150.00

50026034



01032005 Chg-P CR2E034 (10/03)

Principal Place of Business 943 RED DANDY DR ORLANDO, FL 32818 US		Mailing Address P O BOX 725 GOTHA, FL 34734 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent AMICI, NINO 943 RED DANDY DR ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remitting) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>S AMICI, CECILIA 943 RED DANDY DR ORLANDO, FL 32818</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>Amici, NINO 943 Red Dandy Drive Orlando, FL 32818</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>AMICI, CECILIA 943 Red Dandy Drive Orlando, FL 32818</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nino Amici*

3/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #