2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000044602

1. Entity Name
NYMAN, INC.

Principal Place of Business	Mailing Address
3850 HOLLYWOOD BLVD, STE 204	3850 HOLLYWOOD BLVD, STE 204
SUITE 212	SUITE 212
HOLLYWOOD, FL 33021 US	HOLLYWOOD, FL 33021 US

01232006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0419701

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NYMAN, MORTON
3850 HOLLYWOOD BLVD, STE 204
HOLLYWOOD, FL 33021

DO NOT WRITE
IN THIS SPACE

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NYMAN, MORTON
STREET ADDRESS	3850 HOLLYWOOD BLVD STE 204
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	NYMAN, MICHAEL
STREET ADDRESS	1133 S. UNIVERSITY DR., SUITE 212
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000004302R9
02/22/06 80041-025 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Morton Nyman _____ 1/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #