2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000044602

1. Entity Name NYMAN, INC.

Principal Place of Business

3850 HOLLYWOOD BLVD, STE 204 SUITE 212 HOLLYWOOD, FL 33021

Mailing Address

3850 HOLLYWOOD BLVD, STE 204 **SUITE 212** HOLLYWOOD, FL 33021

FILED Apr 23, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01082007

Applied For 4. FEI Number 65-0419701 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				required when reinstating)	DATE
. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	icing D	\$5.00 May Be Added to Fees	U00000727973 05/04/07-80069-013 150.00
,10.	OFFICERS AND DIREC	CTORS	·		· () · () · () · () · () · () · () · ()
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD NYMAN, MORTON 3850 HOLLYWOOD BLVD STE 204 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NYMAN, MICHAEL 1133 S. UNIVERSITY DR., SUITE 212 PLANTATION, FL 33324	?			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				a.	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			<i>:</i> ·	IN	THIS SPACE
TITLE NAME STREET ADDRESS			;		
TITLE NAME STREET ADDRESS	_	· · · · · · · · · · · · · · · · · · ·		• • • • • •	
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.					

PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR