


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P93000044602 1. Entity Name NYMAN, INC.	
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Principal Place of Business 3850 HOLLYWOOD BLVD, STE 204 SUITE 212 HOLLYWOOD, FL 33021 US	Mailing Address 3850 HOLLYWOOD BLVD, STE 204 SUITE 212 HOLLYWOOD, FL 33021 US
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04162008 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
 05/01/08-80060-022 150.00

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	

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: _____ Date 4.18.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #