2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 8:00 am Secretary of State

04-10-2007 90020 001 ***150 00

DOCUMENT # P93000064362 1. Entity Name NMD HOLDINGS, INC.)1 ***150.	00	
Principal Place 3200 TAMIAI NAPLES, FL	MI TRAIL N SUITE 200	Mailing Address 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103 US				40055750					
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Number 65-0438868			Applied For Not Applicable			
Zip	Country	ntry Zip Cou		try		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
WOODWARD, MARK J 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103				Street Address (P.O. Box Number is Not Acceptable)							
				City				FI	Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or	register	ed agent, or bol	h, in the State of f	Florida, 1 am	familiar with,	and accept	
SIGNATURE											
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont		ncing		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOODWARD, MARK J 3200 TAMIAMI TRAIL N SUITE : NAPLES, FL 34103	☐ Delete	•						☐ Change	Addition	
TITLE	VPD	☐ Delete	TITU					- <u>-</u>	K Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PARISI, JOSEPH L 3470 CLUB CTR BLVD NAPLES, FL 34114			E Et address -st-zip		Fiddle: les, FL	r's Creek 34114	Parkw	ay		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINARDO, ANTHONY 3470 CLUB CTR BLVD NAPLES, FL 34114	☐ Detete		E ET ADDRESS		Fiddle:	r's Creek 34114	Parkw	€ Change ray	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delata	•		-	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
11TLE NAME STREET ADDRESS		□ Delete	1ITLI NAM STRE						☐ Change	☐ Addition	

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.

2/1/07

SIGNATURE:

NATURE AND TYPEOFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi

(239) 732-9400

Daytime Phone #