2006 FOR PROFIT CORPORATION) ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Jul 21, 2006 08:00 AM **Secretary of State** DOCUMENT # P94000033647 1. Entity Name NICHOLAS GROUP ENTERPRISES, INC. Principal Place of Business Mailing Address 2305 SAN JOSE CIR 255 FOREST LAKES BLVD N TAMPA, FL 33629 US OLDSMAR, FL 34677 US This was the second of the sec 07112006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3266711 \$8.75 Additional The state of the s 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLASKAY, NICHOLAS DO NOT WRITE 255 FOREST LAKES BLVD N OLDSMAR, FL 34677 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 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FLASKAY, NICHOLAS STREET ADDRESS 2305 SANJOSE CIR CITY+ST-ZIP TAMPA, FL 33629 07/21/06_80011-014_SS0:00 TITLE NAME wall make the state of the stat STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality 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

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