2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am **DOCUMENT # P95000002228 Secretary of State** 03-19-2007 90086 037 ***150.00 NORD ENTERPRISES, INC. Mailing Address Principal Place of Business 1396 CLUB MOVIE DR CLUB HANGE DRIVE 1396 CLUB MOVIE DR CLUBHOUSE DR TAMPA, FL 33618 TAMPA, FL 33618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. CR2E034 (12/06) 03122007 Cha-P 13960 Clubhouse Drive 13960 Clubhouse Drive City & State City & State 4. FEI Number Applied For Tamoa FLorida Tampa FLorida 59-3293818 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33418 33618 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EILERS, LORRIE N Street Address (P.O. Box Number is Not Acceptable) 2544 LAKE ELLEN DR **TAMPA, FL 33618** City Zip Code 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 orinted game of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITS F TITLE ☑ Change ☐ Addition ☐ Delete NORP, JOHN NORD, JOHN NAME NAME 13940 Clubhouse Drive STREET ADDRESS 8902 N. DALE MABRY HWY., SUITE 214 STREET ADDRESS Tampa, Florida 38618 **TAMPA, FL 33614** CITY-ST-ZIP CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE Change Addition EILERS, LORRIE N STREET ADDRESS 2544 LAKE ELLEN DR STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition LARGE, LORRAINE J NAME **12002 HOPE LN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CICMATIDE. JOHN NO

JOHN NORD, PRES.

Solu Mord, PRES. 03/14/07

813-960-4694

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