2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000011119 1. Entity Name NISLEY CALUSA DEVELOPMENT, INC.

FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2881 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240-9098 US

2881 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240-9098 US

	 	

CR2E034 (11/05) 02102007 No Chg-P

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0560711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A., ATTN. THOMAS HOPKINS 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its register ions of registered agent.	red office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE Registere	ad Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 9. Election Campaign Fina Trust Fund Contribution.		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISLEY, ANDREW M 2881 MIRA LODA DRIVE SARASOTA, FL 342408788		U00000707424
TITLE NAME STREET ADDRESS CITY+ST-ZIP] .	04/24/07-80074-009 150
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP]	
TITLE NAME STREET ADDRESS CITY-ST-7/P]	

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 accordate 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 objective amovered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

941-915-0639

Date

ANDREH