2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2007 08:00 AM DOCUMENT # P95000048335 **Secretary of State** NCK INVESTORS, INC. Principal Place of Business Mailing Address IMG CENTER 1360 E 9TH ST IMG CENTER 1360 E 9TH ST STE 100 STE 100 CLEVELAND, OH 44114 CLEVELAND, OH 44114 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3325363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEYSER, STEPHEN ESQ DO NOT WRITE 1515 RINGLING BLVD., SUITE 1000 SARASOTA, FL 34236 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) \$5.00 May Be FILE NOW!! FEE IS \$150.00 Election Campaign Financing After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME SELES, MONICA STREET ADDRESS 2895 DICK WILSON DRIVE CITY-ST-ZIP SARASOTA, FL 34277 -000000604955 TITLE 01/30/07-80016-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 occiporation 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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Jan/23/07

Daytime Phone #

FILED