

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015149

Entity Name: NICHOLAS INVESTMENT, INC.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

1213 WHITE STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

C/O LINDA WHEELER
1213 WHITE STREET
KEY WEST, FL 33040

New Mailing Address:

C/O LINDA WHEELER, ESQ.
1213 WHITE STREET
KEY WEST, FL 33040

FEI Number: 65-0776959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHEELER, LINDA ESQ.
1213 WHITE STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRUSE, ROBERT V
Address: 1213 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: GRAVES, PETER
Address: 8480 HAROLD'S WAY
City-St-Zip: LOS ANGELES, CA 90069

Title: STD () Delete
Name: MUELLER, HARVEY
Address: 479 W. VICKERY BLVD.
City-St-Zip: FT. WORTH, TX 76132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GRAVES, PETER
Address: 7981 WOODROW WILSON DR.
City-St-Zip: LOS ANGELES, CA 90046

Title: STD (X) Change () Addition
Name: MUELLER, HARVEY
Address: 3479 W. VICKERY BLVD.
City-St-Zip: FT. WORTH, TX 76107

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KRUSE

PD

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date