## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000024152

Entity Name: NEXSTORE 1, INC.

FILED Apr 28, 2006 Secretary of State

	iidi iidzkoroi	(L 1, 11 C).					
Current Principal Place of Business:				New Principal Place of Business:			
8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US				8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US			
Current Mailing Address:				New Mailing Address:			
8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US				8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US			
FEI Number:	65-0766004	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable ( )	Certificate of Statu	s Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered A	gent:
KNIGHT, WILLIAM L 8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US				KNIGHT, WILLIAM L 8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487 US			
	named entity s e of Florida.	submits this statement for the p	purpose o	of changing i	ts registered of	fice or registered	agent, or both,
SIGNATURE: WILLIAM L KNIGHT						04/28/2006	<b>;</b>
	Electron	ic Signature of Registered Ag	ent			Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KNIGHT, WILLI	SS AVE 2ND FLOOR		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GLINIECKI, ERI	SS AVE 2ND FLOOR		Title: Name: Address: City-St-Zip:	S,T (X) Change ( ) Addition KNIGHT, WILLIAM L 8081 CONGRESS AVE 2ND FLOOR BOCA RATON, FL 33487		
Title: Name: Address: City-St-Zip:	MEDER, JOANN	SS AVE 2ND FLOOR		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BEVERLY, KNI	SS AVE 2ND FLOOR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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: ALAN S SCHULMAN CFO 04/28/2006