

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038389

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: NISABE CORP.

## Current Principal Place of Business:

415 L'AMBIANCE  
UNIT D905  
LONGBOAT KEY, FL 34225 US

## Current Mailing Address:

200 SOUTH ORANGE AVE  
SARASOTA, FL 34236

## New Principal Place of Business:

415 L'AMBIANCE DRIVE  
UNIT 905  
LONGBOAT KEY, FL 34228 US

## New Mailing Address:

C/O SUSAN B. HECKER  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

FEI Number: 59-3377951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HECKER, SUSAN B  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: D ( ) Delete  
Name: PETERS, HANS P  
Address: 415 L'AMBIANCE UNIT D905  
City-St-Zip: LONGBOAT KEY, FL 34225

Title: D ( ) Delete  
Name: PETERS, MONIKA  
Address: 415 L'AMBIANCE UNIT D905  
City-St-Zip: LONGBOAT KEY, FL 34225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PETERS, HANS P  
Address: 415 L'AMBIANCE DRIVE, UNIT 905  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change ( ) Addition  
Name: PETERS, MONIKA  
Address: 415 L'AMBIANCE DRIVE, UNIT 905  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HANS P. PETERS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date