2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053657

1. Entity Name
NASC DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401	ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401

02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

900032966489
04/16/04--01048--023 **150.00

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	PRESTON, JOHN W.S.
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VST
NAME	GREEN, ROBERT S
STREET ADDRESS	2851 JOHN STREET SUITE ONE
CITY-ST-ZIP	MARKHAM, ONTARIO CAN. L3R5R7,
TITLE	DVAS
NAME	HALMILTON, TOM
STREET ADDRESS	ONE NORTH CLEMATIS STREET STE 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.

SIGNATURE: Tom Hewitt V.P. 2/23/04 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2