

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90379 027 \*\*\*158.75

<b>DOCUMENT # P97000006844</b> 1. Entity Name <b>NISO MAMAN SCULPTING, INC.</b>			
Principal Place of Business <b>521 LAKE AVENUE, SUITE 11 LAKE WORTH, FL 33460</b>		Mailing Address <b>521 LAKE AVENUE, SUITE 11 LAKE WORTH, FL 33460</b>	
2. Principal Place of Business - No P.O. Box # <b>317 So. H Street</b>		3. Mailing Address <b>3545 So. Ocean Blvd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b># 110</b>	
City & State <b>Lake Worth, FL</b>		City & State <b>So Palm Beach, FL</b>	
Zip <b>33460</b>		Zip <b>33480</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0731842</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>UNDERBERG, EUGENE M 521 LAKE AVENUE, SUITE 11 LAKE WORTH, FL 33460</b>		7. Name and Address of New Registered Agent Name <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 Executive Park Drive</b> <b>Suite 4</b> City <b>Weston</b> FL Zip Code <b>33331</b>	
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. <b>NRAI Services, Inc.</b>			
SIGNATURE <b>By: Amy Purdy</b> <small>Signature, Print or Printed Name of registered agent and title if applicable.</small>		<b>Amy Purdy, Assistant Secretary</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
DATE <b>4/23/08</b> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>UNDERBERG, EUGENE M</b> <b>521 LAKE AVE, SUITE 11</b> <b>LAKE WORTH, FL 33460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Ronit Maman</b> <b>3545 So Ocean Blvd, #110</b> <b>So. Palm Beach FL 33480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD</b> <b>MAMAN, NISO</b> <b>317 SOUTH H STREET</b> <b>LAKE WORTH, FL 33460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: <b>Nessim Maman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>NISO MAMAN aka</b> <b>Nessim Maman</b> <b>4/25/08</b> <b>561-586-6878</b> <small>Date Daytime Phone #</small>	