2007 FOR PROFIT CORPORATION

Mar 19, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P97000008193 1. Entity Name NASSAU HOLDING COMPANY Mailing Address Principal Place of Business 1417 SADLER RD 1417 SADLER RD 178 178 AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3430908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TOMASSETTI, A. JEFFREY 406N ASH STREET FERNANDINA BEACH, FL 32034 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MERLINI, JOSEPH C 1417 SADLER RD 178 STREET ADDRESS AMELIA ISLAND, FL 32034 CITY-ST-ZIP 000000669793 03/27/07-80085-023 150.00 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST-ZIP TITLE

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 sharmave the same legal effect as if made under oath; that I am an officer or director of the corporation or the required 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 ampowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone 4

FILED