


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000030569

1. Entity Name
NUONICS, INC.




| | |
|---|---|
| Principal Place of Business 1025 S SEMORAN BLVD. STE. 1093 WINTER PARK FL 32792 US | Mailing Address 1025 S SEMORAN BLVD. STE. 1093 WINTER PARK FL 32792 US |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3501444** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**RIZA, NABEEL A
 1025 S SEMORAN BLVD.
 STE. 1093
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE PCD <input type="checkbox"/> Delete | NAME RIZA, NABEEL A STREET ADDRESS 1025 S SEMORAN BLVD., STE. 1093 CITY-ST-ZIP WINTER PARK FL 32792 |
| TITLE D <input type="checkbox"/> Delete | NAME PEREZ, FRANK STREET ADDRESS 1025 S SEMORAN BLVD., STE. 1093 CITY-ST-ZIP WINTER PARK FL 32792 |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME U00000402266 STREET ADDRESS 02/03/06-80001-009 150.00 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nabeel A. Riza **NABEEL A. RIZA** **JAN. 18, 06** **407-379-0164**