2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 A Secretary of State

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DOCUMENT # P98000040788 1. Entity Name NETTLES NEST, SHELLS & GIFTS FROM THE SEA, INC.								Secretar	y of St
Principal Plac	e of Business		Mailing Address						
11035 SOUTH OCEAN DR. JENSEN BEACH, FL 34957 US			11035 SOUTH OCEAN DR. JENSEN BEACH, FL 34957 US						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt #, etc.			Suite, Apt. #, etc.			03092007	Chg-P	CR2E034 (12/06	5)
City & State			City & State		4. FEI Numb			Applied For Not Applicable	
Zip	Country Zip			Country		5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent					Name	/. Name and	Address of New	Registered Agent	
	RE, KURT UTH OCEAN DR. BEACH, FL 34957			Street Address (P.O. Box Number is Not Acceptable)					
					Спу			FL ZpC	ode
	named entity submits this st lions of registered agent	igierpent for	the purpose of changing its	register		red agent, or bo	oth, in the State of F		h, and accept
SIGNATURE.	Signature, typed or printed nume of re-	stered i gent en	title d'applicable (NOTE	E; Registere	ed Agent signature require	ti when reinstating)	U. 23	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFIC	ERS AND D	IRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	PRS IN 11
TITLE	PT		☐ Delete	TITL	E		Hagana	Chang	e 🔲 Addition
NAME STREET ADDRESS CITY+ST-ZIP	TUCKER, SHIRLEY 140 NETTLES BLVD JENSEN BEACH, FL 3	4956			IE EET ADDRESS (-ST-ZIP		03/28/07	0672179 -80058-016 1	.50.00
TITLE	VP Delete				E			☐ Chang	Addition
NAME	GRANDSIRE, KURT		NAM	1					
STREET ADDRESS CITY-ST-ZIP	JENSEN BEACH, FL 34957				FET ADDRESS (- ST- ZIP				
TITLE NAME	DIXON, BETH		☐ Delete	TITL	ļ			[) Chang	e L Addition
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CITY - ST - ZIP	HIGGANUM, CT 06441			CITY	-ST-ZIP				
TITLE			☐ Defete	TITL	F			☐ Chang	e 🔲 Addition
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CITY-ST-ZIP					r-ST-ZIP				
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NAME				NAM	l	•			1
STREET ADDRESS CITY-ST-ZIP					eet address '-st-zip				1
	entify that the information are	onlied with t	his filing doce not qualify to			d in Chanter 11	9 Florida Statutes	Lhirther certify that the	information
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 snall 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 epipowered 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 addless, with all other like empowered.									
SIGNATURE: 3/15/07 172/29-8953 SIGNATURE: SIGNATURE: Day									