


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

DOCUMENT # P98000040788

1. Entity Name  
NETTLES NEST, SHELLS & GIFTS FROM THE SEA, INC.



Principal Place of Business  
11035 SOUTH OCEAN DR.  
JENSEN BEACH, FL 34957 US

Mailing Address  
11035 SOUTH OCEAN DR.  
JENSEN BEACH, FL 34957 US

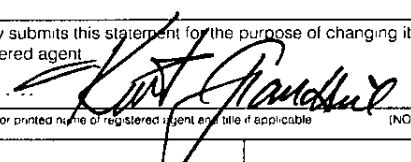
2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt #, etc.  
  
City & State  
  
ZipCountry

6. Name and Address of Current Registered Agent  
  
GRANDSIRE, KURT  
11035 SOUTH OCEAN DR.  
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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  
  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

514N BORN #8  
AND #12? NOT SURE 3/15/07  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

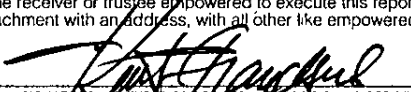
9. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TUCKER, SHIRLEY 140 NETTLES BLVD JENSEN BEACH, FL 34956	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANDSIRE, KURT 9413 S OCEAN DR #14 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, BETH 380 POKORNY ROAD HIGGANUM, CT 06441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000672179 03/28/07-80058-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 1972/224-8953  
Day Daytime Phone #