2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90186 022 ***150.00

DOCUMENT # P98000074714

1. Entity Name
NDFI, INC.

Principal Place of Business	Mailing Address
2113 AMARGO WAY NAPLES, FL 34119	2113 AMARGO WAY NAPLES, FL 34119

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
8930 Colonnades Ct E		8930 Colonnades Ct E	
Suite, Apt. #, etc. 6-635		Suite, Apt. #, etc. 6-635	
City & State Bonita Springs		City & State Bonita Springs	
Zip 34135	Country USA	Zip	Country USA

4. FEI Number 65-0859590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINN, STEVEN M 2113 AMARGO WAY NAPLES, FL 34119	Name Quinn, Steven M. Street Address (P.O. Box Number is Not Acceptable) 8930 Colonnades Ct. E # 6-635 City Bonita Springs FL Zip Code 34135

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS QUINN, STEVEN M 2113 AMARGO WAY NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Steven M. Quinn 8930 Colonnades Court. E Bonita Springs FL 34135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/15/06 239-825-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #