

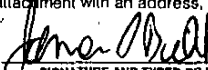


**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

XXXXXXXXXX

<b>DOCUMENT # P98000095522</b>						04-13-2005 90062 014 ***150.00	
1. Entity Name <b>NASSAU TIME INC.</b>							
Principal Place of Business <b>17842 MODENA RD. FORT MYERS, FL 33913</b>			Mailing Address <b>17842 MODENA RD. FORT MYERS, FL 33913</b>				
2. Principal Place of Business		3. Mailing Address		03112005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0883073</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BIEHL, JAMES F 17842 MODENA RD. FORT MYERS, FL 33913</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIEHL, JAMES F			NAME			
STREET ADDRESS	17842 MODENA RD.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33913			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIEHL, DONNA F			NAME			
STREET ADDRESS	17842 MODENA RD			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33913			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>JAMES F. BIEHL</b>				3/16/05 239-410-1333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			