2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P99000033581 Jul 10, 2006 08:00 AN 1. Entity Name **Secretary of State** NIKKI DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 3637 NE 2ND ST NIKKI DEVELOPMENT CORP. GAINESVILLE, FL-32609 PO BOX 1008 MELROSE, FL 32666 CR2E034 (11/05) 07052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0911334 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CABASSA, PAUL L 3637-A N.E. 2ND ST GAINESVILLE FL 32609 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the -- Added to Fees Trust Fund Contribution. -corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. **PVST** TITLE CABASSA, PAUL L NAME U00000568780 STREET ADDRESS 3637-A N.E. 2ND ST 07/10/06-80007-012 150.00 CITY-ST-ZIP GAINESVILLE, FL 32609 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE 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 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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7/7/06

352-335-8900

Daytime Phone #