2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

							/1 II,	2007	0.00		
DOCUMENT # P99000043977 1. Entity Name NISUB INTERNATIONAL INC.						Secretary of State 04-11-2007 90026 005 ***150.00					
Principal Place of Business Mailing Address											
1135 W. ORANGE AVE., STE. D & E TALLAHASSEE, FL 32310 1135 W. ORANGE AVE., STE. TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310				& E	4.		18118 18 41 81 111 8 3 01		IIIIO IEIKI IBEN 188	IL i i l i l il	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			3192007	Chg-P	CR2E	034 (12/06)	-		
City & State		City & State			4.	FEI Numbe 59-358			No	plied For ot Applicable	
Zip			Countr	ry 	<u>1</u>		of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				Name	<u>7.</u>	Name and	Address of Nev	Registered	<u>Agent</u>		
ANIOLID	LUI OMENIA C			Name							
ANJOU, PHILOMENA S 892 TAMARACK AVE. TALLAHASSEE, FL 32303				Street Address (P.O. Box Number is Not Acceptable)							
				City	FL Zip Code						
	d office or re	gistered a	gent, or bot	n, in the State of	Florida. I am	famillar with,	and accept				
the obligations of registered agent.											
SIGNATURE_	Signature, typeo corinted name of registered agent	t and title it applicable. (NOTE: F	Registered	Agent aignature re	required when	reinstating)		DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.		A	DDITIONS/	CHANGES TO C	FFICERS AN	D DIRECTOR	S IN 11	
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CITY-ST-ZIP CITY- 12. I hereby certify that the information supplied with this filling does not qualify for the exe					toined is 1	Chapter 110	Clorido Chatalan	. I from a	etifu that the !	nformation	
IZ. INGREDY	on my man me information supplied wit	rrans many croes not quality for t	ure exer	TIPUOUS CONT	ranier iu (Suaplet 119	PIVIBIC BUILDE	5. TRIBLES CO	ւա y ա առանա Ս	HOUSERION	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Horida 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: _

SIGNATURES OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 07

Daytime Phone #