2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062631

MCLEOD, GLÓRIA

MIAMI, FL 33185

15575 S.W. 54TH AVE.

Name: Address:

City-St-Zip:

Entity Name: NEMAC INDUSTRIES, INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14660 S.W. 93RD LANE MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 14660 S.W. 93RD LANE MIAMI, FL 33186 FEI Number: 65-0942602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCLEOD, NEIL 14660 S.W. 93RD LANE MIAMI, FL 33186 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCLEOD, TARA-SIMONE Name: Name: 14660 S.W. 93RD LN. Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: DPC Title: () Delete () Change () Addition Name: MCLEOD, NEIL Name: 14660 SW 93RD LANE Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip: Title: () Delete Title: DS DS (X) Change () Addition MCLEOD, TAMARA Name: MCLEOD, TAMARA Name: 12411 NORTH 50TH STREET, APT. 500 21250 NW 14TH PLACE #307 Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: MIAMI, FL 33169 Title: DV () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NEIL MCLEOD DPC 03/07/2005