

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111324

1. Entity Name
NFD INVESTMENTS, INC.



Principal Place of Business
**340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480**

Mailing Address
**340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0973251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PILOTTE, FRANK T
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480**

**DO NOT WRITE
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

DATE _____

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SELLARI, GARY B
560 VILLAGE BLVD, SUITE 335
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FENG, FRANK D
7760 SPRING CREEK DRIVE
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRAVES, DEBORAH F
14590 CRAZY HORSE LANE
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000536920
05/08/06-80112-019 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2006

Date

Daytime Phone #