

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111324

Entity Name: NFD INVESTMENTS, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

420 COLUMBIA DRIVE
SUITE # 110
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

420 COLUMBIA DRIVE
SUITE # 110
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0973251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PILOTTE, FRANK T
11300 US HIGHWAY 1
SUITE 401
PALM BEACH GARDENS, FL 33408 US

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:

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SELLARI, GARY B
Address: 420 COLUMBIA DRIVE SUITE #110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: FENG, FRANK D
Address: 420 COLUMBIA DRIVE SUITE #110
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: GRAVES, DEBORAH F
Address: 14590 CRAZY HORSE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DEBORAH GRAVES

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date