2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 08, 2006 08:00 AM Secretary of State DOCUMENT # S04895 Entity Name NOUVEAU ASSOCIATES, INC. Principal Place of Business Mailing Address **4382 GLENEAGLES DR** 4382 GLENEAGLES DR **BOYNTON BEACH, FL 33436** US BOYNTON BEACH, FL 33436 03012008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0217429 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LINSCOTT, ROBERT DO NOT WRITE 4382 GLENEAGLES DR BOYNTON BEACH, FL 33436 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THLE LINSCOTT, ROBERT HALSE 4382 GLENEAGLES DR STREET ADDRESS CHTY-ST-ZIP BOYNTON BEACH, FL 33436 UUNUUN4596,34 TITLE 03/18/06-80041-017 (56.00 NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental updort is trugand accerate and that my signature shall have the same legal effect as if made under oath; that is an an officer or director of the corporation or the receiver of truggle employment by secule 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 propositions employeered.

SIGNATURE:

CITY-ST-ZP TILE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

Applied For

Not Applicable