

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04895

Entity Name: NOUVEAU ASSOCIATES, INC.

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

4382 GLENEAGLES DR  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

4382 GLENEAGLES DRIVE  
BOYNTON BEACH, FL 33436 US

## Current Mailing Address:

4382 GLENEAGLES DR  
BOYNTON BEACH, FL 33436 US

## New Mailing Address:

4382 GLENEAGLES DRIVE  
BOYNTON BEACH, FL 33436

FEI Number: 65-0217429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINSCOTT, ROBERT  
4382 GLENEAGLES DR  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

LINSCOTT, MARIA PRES  
4382 GLENEAGLES DR  
BOY, FL 33436 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: MARIA LINSCOTT

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LINSCOTT, ROBERT,  
Address: 4382 GLENEAGLES DR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LINSCOTT, MARIA PRES  
Address: 4382 GLENEAGLES DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SEC ( ) Change (X) Addition  
Name: LINSCOTT, MARIA SEC  
Address: 4382 GLENEAGLES DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

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: MARIA LINSCOTT

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date