2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V48760

1. Entity Name
NI'ESON, INC.

Principal Place of Business	Mailing Address
389 DOMINO DRIVE	P.O. BOX 555068
ORLANDO, FL 32805 US	ORLANDO, FL 32805 US

DO NOT WRITE IN THIS SPACE

04232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
30-0091179	Not Applicat

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

6. Name and Address of Current Registered Agent

THOMPSON, PLINNIE
743 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

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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	U000000534771 05/08/06-80024-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	THOMPSON, PLINNIE
STREET ADDRESS	389 DOMINO DR.
CITY-ST-ZIP	ORLANDO, FL 32805

TITLE	SD
NAME	THOMPSON, NARITHA J
STREET ADDRESS	389 DOMINO DR.
CITY-ST-ZIP	ORLANDO, FL 32805

TITLE	PD
NAME	THOMPSON, P WENDELL
STREET ADDRESS	389 DOMINO DR.
CITY-ST-ZIP	ORLANDO, FL 32805

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Plinnie Thompson*   4/23/06   407-376951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #