


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90061 039 ***150.00

DOCUMENT # V54513					
1. Entity Name N H SYSTEMS, INC.					
Principal Place of Business 5341 NW 32ND ST 4825 NW 57 LN MARGATE, FL 33063		New Address US COAL SPRINGS FL 33067		Mailing Address SAME AS PRINCIPAL PLACE OF BUSINESS 3341 NW 32ND ST MARGATE, FL COCONUT CREEK, FL 33063 US	
2. Principal Place of Business		3. Mailing Address		04102004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0349227	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEIL HARMON 5341 NW 32 ST MARGATE, FL 33063			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
4825 NW 57 LN COAL SPRINGS, FL 33067					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HARMON, NEIL 5341 NW 32ND STREET MARGATE, FL	<input type="checkbox"/> Delete ADDRESS ONLY change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARMON, NEIL 4825 NW 57 LN COAL SPRINGS FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARMON, SANDRA J 5341 NW 32 ST MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARMON, SANDRA J 4825 NW 57 LN COAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Neil Harmon</u>			Date: <u>4-14-04</u>		Daytime Phone #: <u>954 757 1388</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>