

2005

CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# F03000005838

Entity Name: NEHEMIAH CORPORATION OF AMERICA

Current Principal Place of Business:

1851 HERITAGE LANE, STE. 201
SACRAMENTO, CA 95815

New Principal Place of Business:

1851 HERITAGE LANE
201
SACRAMENTO, CA 95815

Current Mailing Address:

1851 HERITAGE LANE, STE. 201
SACRAMENTO, CA 95815

New Mailing Address:

1851 HERITAGE LANE
201
SACRAMENTO, CA 95815

FEI Number: 91-1775619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SYPHAX, SCOTT C
Address: 1851 HERITAGE LANE, STE. 201
City-St-Zip: SACRAMENTO, CA 95815

Title: SD ( ) Delete
Name: EDWARDS, WALTER J
Address: 5530 BIRDCAGE STREET, STE. 210
City-St-Zip: CITRUS HEIGHTS, CA 95610

Title: VCD ( ) Delete
Name: TAYLOR, TIM
Address: 813 SIXTH STREET, 3RD FL.
City-St-Zip: SACRAMENTO, CA 95814

Title: TD ( ) Delete
Name: WILLIAMS, BRIDGETTE
Address: 2101 ARENA BLVD, STE. 200
City-St-Zip: SACRAMENTO, CA 95834

Title: D ( ) Delete
Name: CALLAHAN, MAE
Address: 7803 RIVER ESTATES DRIVE
City-St-Zip: SACRAMENTO, CA 95831

Title: D ( ) Delete
Name: WILLIAMS, PAULLETTE
Address: 417 MONTGOMERY STREET, 2ND FLOOR
City-St-Zip: SAN FRANCISCO, CA 94101

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:

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 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 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: SCOTT SYPHAX

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date