

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

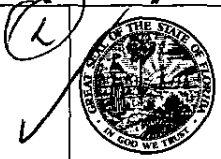
FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 025 ***150.00

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DOCUMENT # P01000001042

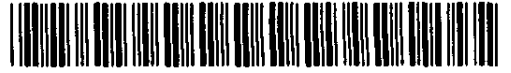
1. Entity Name
NEW CREATION CONSULTING CO.



Principal Place of Business
**244 GREEN HARBOUR RD
OLD HICKORY TN 37138**

Mailing Address
**244 GREEN HARBOUR RD
OLD HICKORY TN 37138**

10111176



2. Principal Place of Business
244 Green Harbor Rd.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Old Hickory TN
Zip
37138

City & State
FL
Zip
Country

4. FEI Number **59-3693639**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS, CARITA M ESQ.
1435 W. BUSCH BLVD., STE. A
TAMPA FL 33812**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	PRES SAWYER, MICHAEL A PRESIDE 244 GREEN HARBOUR RD OLD HICKORY TN 37138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: Michael Sawyer **NOTARIE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/13/03** Daytime Phone # **615 7546670**

CR2E034 (4/03)

Attachment

August 13, 2003

1011176
#P01000001042

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Fl 32302-1500

To Whom It May Concern:

~~Please accept the filing fee of \$150.00 for the uniform business report. I'm not sure why, but the address is incorrect on the form. It should be Green Harbor, not Harbour. This caused a delay in receiving the form after we moved.~~

Thank you for your consideration.