2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P01000055237

Entity Name: NEW CENTURY STRUCTURES, INC.

Current Principal Place of Business:

8427 SOUTH PARK CIR
#150
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8427 S. PARK CIR., SUITE 150
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 94-3418240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SORCI, JOSEPH J
8427 SOUTH PARK CIR
STE 150
ORLANDO, FL 34772 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: D ( ) Delete
Name: SORCI, JOSEPH J
Address: 8427 SOUTH PARK CIR STE 150
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: ANDERSON, MARK W
Address: 8427 SOUTH PARK CIR STE 150
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: GEMSCH, MARKUS J
Address: 8427 SOUTH PARK CIR STE 150
City-St-Zip: ORLANDO, FL 32819

Title: TS ( ) Delete
Name: JOHNSON, VALLI
Address: 8427 SOUTH PARK CIR STE 250
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SORCI, JOSEPH J
Address: 8427 SOUTH PARK CIR STE 150
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: SORCI, VALLI
Address: 8427 SOUTH PARK CIR STE 150
City-St-Zip: ORLANDO, FL 32819

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: VALLI SORCI TS 01/21/2005

Electronic Signature of Signing Officer or Director — Date