## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000087642

Address:

City-St-Zip:

601 ALDER GROVE DRIVE

DELTONA, FL 32725 VO

Entity Name: NEW CREATION ACADEMY "INC."

FILED Mar 23, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal F	New Principal Place of Business:		
1250 S SPRING AVE, UNIT 6, 7 DELAND, FL 32720 Current Mailing Address:			SUITE, 6, 7	1250 S. SPRING GARDEN AVE 7 SUITE, 6, 7 DELAND, FL 32720		
			New Mailing Address:			
1250 S SPRING AVE, UNIT 6, 7 DELAND, FL 32720			SUITE, 6, 7	1250 S. SPRING GARDEN AVE SUITE, 6, 7 DELAND, FL 32720		
FEI Number	: 74-3129569	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Addr	Name and Address of New Registered Agent:		
601 ALDE DELTONA	,,	/E US				
	e named entity s e of Florida.	submits this statement for the p	ourpose or changing its regi	stered office or registered agent, or both	,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) GONZALEZ, LY 601 ALDER GR DELTONA, FL	OVE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( ) GONZALEZ, JO 601 ALDER GR DELTONA, FL	OVE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	ST ( ) GONZALEZ, MI	Delete CHEILL J ST	Title: Name:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JOSE A GONZALEZ V.P 03/23/2009