


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000013149**

1. Entity Name  
 NEWFINISH TECHNOLOGY, INC.



Principal Place of Business      Mailing Address

32 EGRET TRAIL                      32 EGRET TRAIL  
 PALM COAST, FL 32164 US          PALM COAST, FL 32164 US

**DO NOT WRITE IN THIS SPACE**



02092007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 73-1725583      Not Applicable

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

6. Name and Address of Current Registered Agent

DELISI, MARTIN V  
 4361 NORTHLAKE BLVD  
 PALM BEACH GARDENS, FL 33410

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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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOULD, THOMAS R
STREET ADDRESS	32 EGRET TRAIL
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	VP
NAME	GOULD, KATHLEEN M
STREET ADDRESS	32 EGRET TRAIL
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/16/07-80034-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas R Gould      3-4-07    386 237-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #