


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 12, 2008 08:00 A  
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**



02282008      No Chg-P      CR2E034 (11/05)

4. FEI Number 73-1725583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DELISI, MARTIN V  
4361 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000855073  
03/27/08-80034-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, THOMAS R 32 EGRET TRAIL PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOULD, KATHLEEN M 32 EGRET TRAIL PALM COAST, FL 32164
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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* THOMAS R GOULD 3-508-      386-237-0505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #