

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075527

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: NEW BEGINNINGS HOME IMPROVEMENT INC

**Current Principal Place of Business:**

2729 SABAL PALM DR.  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

2729 SABAL PALM DR.  
EDGEWATER, FL 32141

**New Mailing Address:**

FEI Number: 20-2854224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFF, SANDRA L.  
2729 SABAL PALM DR.  
EDGEWATER, FL 32141      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: PT ( ) Delete  
Name: WOLFF, SANDRA L.  
Address: 2729 SABAL PALM DR.  
City-St-Zip: EDGEWATER, FL 32141

Title: VP ( ) Delete  
Name: SUMMERALL, LEE  
Address: 2811 YULE ST.  
City-St-Zip: EDGEWATER, FL 32141

Title: S ( ) Delete  
Name: SUMMERALL, SHARIE  
Address: 2811 YULE ST.  
City-St-Zip: EDGEWATER, FL 32141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WOLFF, SANDRA L.  
Address: 2729 SABAL PALM DR.  
City-St-Zip: EDGEWATER, FL 32141

Title: P (X) Change ( ) Addition  
Name: SUMMERALL, LEE  
Address: 2811 YULE ST.  
City-St-Zip: EDGEWATER, FL 32141

Title: VP (X) Change ( ) Addition  
Name: SUMMERALL, SHARIE  
Address: 2811 YULE ST.  
City-St-Zip: EDGEWATER, FL 32141

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

SIGNATURE: SANDRA L WOLFF

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

04/27/2006

\_\_\_\_\_ Date