


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000020078 1. Entity Name NEW CENTURY INVESTOR SERVICES, INC.	
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Principal Place of Business C/O 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445	Mailing Address C/O 600 CENTRAL AVE. SUITE 365 HIGHLAND PARK, IL 60035
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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0575689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY
 4182 LIVE OAK BOULEVARD
 DELRAY BEACH, FL 33445

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

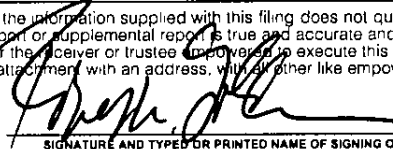
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZBERG, ALBERT 44 SOUTH BROADWAY, SUITE 614 WHITE PLAINS, NY 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, ROBERT U 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WAGNER, NATHAN 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BCH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000932044
 05/22/08-80039-023 150.00

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:  Robert U. Goldman VSD 4/28/08 847-432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #