2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2008 08:00 AN Secretary of State DOCUMENT # P96000045746 **NEW CENTURY CONSULTANTS, INC.** Principal Place of Business Mailing Address 3441 NW 20TH AVENUE 3441 NW 20TH AVENUE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0657943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOTSIS, DAMON C DO NOT WRITE 3441 NW 20TH AVENUE FORT LAUDERDALE, FL 33309 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 000000777315 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 01/10/08-80002-025 150.00 10. OFFICERS AND DIRECTORS TITLE NAME DOTSIS, DAMONIC STREET ADDRESS 3441 NW 20TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME (#4 STREET ADDRESS

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: . SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED