


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000106504
 1. Entity Name
NEW PERSPECTIVES INC.



Principal Place of Business 4521 PGA BLVD #283 PALM BEACH GARDENS, FL 33418 US	Mailing Address 4521 PGA BLVD #283 PALM BEACH GARDENS, FL 33418 US
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0971037	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

LUCE, DOUGLAS B
 3144 CASSEEKEY ISLAND RD.
 JUPITER, FL 33477

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCE, JANE 85 PARK AVE VERONA, NJ 07044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCE, JOHN 85 PARK AVE VERONA, NJ 07044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/05-80078-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jane Luce 4/18/05 (561) 745-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #