

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90221 035 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

20036090

DOCUMENT # 494262			
1. Entity Name NEW HOUSE PUBLISHER INC.			
Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY SUITE #200 MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02252008 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1656904		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVARRIA, OSCAR A 2600 FORT SCOTT DRIVE ARLINGTON, VA 22202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2762 FORT SCOTT DRIVE ARLINGTON, VA 22202 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECHEVARRIA, OSCAR I 2600 FORT SCOTT DRIVE ARLINGTON, VA 22202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10259 GREEN HOLLY TERRACE SILVER SPRING, MD 20902 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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: <i>Oscar A. Echevarria</i>		4/20/2006 (703) 894-9494 FAX 12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	