


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 020 ***155.00

DOCUMENT # F00000002873		
1. Entity Name NEUBO, LTD., INC.		

Principal Place of Business 103 DAY DRIVE SEBASTIAN, FL 32958	Mailing Address 103 DAY DRIVE SEBASTIAN, FL 32958
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2. Principal Place of Business - No P.O. Box # 111 WOOD STORK WAY Suite, Apt. #, etc.	3. Mailing Address 111 WOOD STORK WAY Suite, Apt. #, etc.
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City & State SEBASTIAN FL	City & State SEBASTIAN FL
Zip 32958	Country USA
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Zip 32958	Country USA

01032007 Chg-P CR2E034 (12/06)

4. FEI Number 52-1542077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANUEL, JANET 103 DAY DRIVE SEBASTIAN, FL 32958	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 111 WOOD STORK WAY City SEBASTIAN FL Zip Code 32958
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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 Janet M. Manuel JANET M. MANUEL 3/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May-1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FALZONI, BRUNO 103 DAY DRIVE SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANUEL, ROBERT F 103 DAY DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL, ROBERT F 111 WOOD STORK WAY SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANUEL, JANET 103 DAY DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANUEL, JANET M 111 WOOD STORK WAY SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Janet M. Manuel JANET M. MANUEL 3/28/07 772-581-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #