2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000893

1. Entity Name
NEW ERA TECHNOLOGY - SNAPMASK COPORATION

Principal Place of Business	Mailing Address
7102 CR 139 WILDWOOD, FL 34785	P.O. BOX 158 WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE

07022006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
02-0395152		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, JOAN
7102 CR 139
WILDWOOD, FL 34785

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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_____

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

U00000568057
07/06/06--80006--024 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WARD, JOAN
STREET ADDRESS	P.O. BOX 158
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ JOAN H WARD 7/3/06 352-748-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #