


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004535
1. Entity Name
NEW EXPLORATIONS, INC.



Principal Place of Business: 36181 EAST LAKE ROAD #207, PALM HARBOR, FL 34685
Mailing Address: 36181 EAST LAKE ROAD #207, PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number: 83-0342126 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIANO, PETER
36181 EAST LAKE ROAD #207
PALM HARBOR, FL 34685

DO NOT WRITE 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIANO, PETER
STREET ADDRESS	36181 EAST LAKE ROAD #207
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	V
NAME	STELMACH, ALICE
STREET ADDRESS	36181 EAST LAKE ROAD #207
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400036547264
05/18/04--01038--015 **550.00

DO NOT WRITE IN THIS SPACE

*12M
5/14/04*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 5/11/2004 727 4609657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #