2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90161 040 ***150.00

DOCUMENT # F04000003912

1. Entity Name
NEW HOLDINGS, INC.

Principal Place of Business	Mailing Address
74 BLUE RIDGE DRIVE STAMFORD, CT 06903	74 BLUE RIDGE DRIVE STAMFORD, CT 06903

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6964 PROFESSIONAL PKWY	6964 PROFESSIONAL PKWY
Suite, Apt. #, etc. EAST	Suite, Apt. #, etc. EAST
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34240 Country	Zip 34240 Country

4. FEI Number 65-1216122 65-1216112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CFRA, LLC 4221 WEST BOY SCOUT BLVD. TAMPA, FL 33607	Name ROBERT P. BOOTHE Street Address (P.O. Box Number is Not Acceptable) NEW HOLDINGS, INC. 6964 PROFESSIONAL PKWY EAST City SARASOTA FL Zip Code 34240

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 Robert P. Boothe Robert P. Boothe 04-24-05
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, 2005 Fee will be $550.00

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	PSCD DEROSA, PHILIP 74 BLUE RIDGE DRIVE STAMFORD, CT 06903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D 30 ALICE AVENUE MERRICK, NY 11566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYLE REDFEARN 14416 HIGH HILL POND ROAD TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C BRYAN RIVERS 525 ASPEN GLADE COURT LEXINGTON, SC 29072	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T ELIZABETH R. MONTS 2141 MUSKOGEE TRL NOKOMIS, FL 34275	☐ 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 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: Elizabeth R Monts 4/21/05 941/650-8795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #