2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE:

May 08, 2006 8:00 am Secretary of State DOCUMENT # F04000003912 1 Entity Name 05-08-2006 90271 031 ***150.00 NEW HOLDINGS, INC. Principal Place of Business Mailing Address 6964 PROFESSIONAL PKWY EAST 6964 PROFESSIONAL PKWY EAST SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1216122 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOTHE, ROBERT Street Address (P.O. Box Number is Not Acceptable) NEW HOLDINGS, INC 6964 PROFFESIONAL PKWY EAST SARASOTA FL 34240 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSD** ☐ Deleie TITLE Change Addition NAME DEROSA, PHILIP NAME 1020 Villagio Circle, # 108 STREET ADDRESS STREET ADDRESS 30 ALICE AVE CITY-ST-ZIP . CITY-ST-ZIP MERRICK NY 11566 Sarasota FL 34237 Delete TITLE Change TITLE ☐ Addition REDFEARN, KYLE NAME REDFEARAL, KYLE NAME STREET ADDRESS 14416 HIGH HILL POND ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-ZIP Change THILE ☐ Delete ☐ Addition DC. NAME RIVERS, BRYAN NAME 525 ASPENGLADE COURT STREET ADDRESS STREET ADDRESS 525 ASPEN GUADE COURT CETY-SI-7IP CITY-ST-ZIP LEXINGTON SC 29072 ☐ Delete Change TITLE TITLE ☐ Addition MONTS, ELIZABETH R NAME NAME STREET ADDRESS 2141 MOSKOGEE TRL STRFET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

4/26/06 941-388-0905, Ext. 236