


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State


07-19-2006 90002 028 ***150.00

DOCUMENT # F04000006454 1. Entity Name NEWBN, INC.	
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Principal Place of Business 14240 PROTON ROAD DALLAS, TX 75244-3635	Mailing Address 14240 PROTON ROAD DALLAS, TX 75244-3635
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DO NOT WRITE IN THIS SPACE

40055073



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 21-1857572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RAY, JOEL 14240 PROTON ROAD DALLAS, TX 752443635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TULLO, TERRY 14240 PROTON ROAD DALLAS, TX 752443635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **07/11/06** **972-404-8192 x1802**

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



ATTACHMENT

40099873

#F04000006454

July 07, 2006

Division of Corporations
P.O. BOX 6198
Tallahassee, FL. 32314
850.245.6056

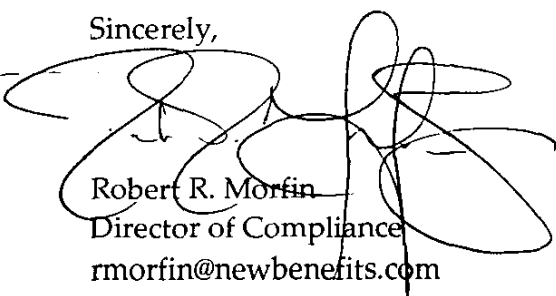
To whom it may concern,

New Benefits did not receive a first notice for the Florida Annual Report renewal. The only notice New Benefits received states the renewal is due on September 6th 2006. It further states that a filing fee in the amount of \$550 is owed because the renewal is past due. Pursuant to verbal instruction from Tina in your office, I am hereby asking that the late penalty of \$400 be waived due to non-receipt of the original notice. Enclosed is a check for the \$150 filing fee.

Please feel free to contact me if you have any questions.

Thank you for your understanding.

Sincerely,



Robert R. Morfin
Director of Compliance
rmorfin@newbenefits.com