

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F71937

1. Entity Name
NEW GENERATION COMPUTING, INC.



Principal Place of Business
16401 NW 58TH AVENUE
MIAMI LAKES, FL 33014 US

Mailing Address
16401 NW 58TH AVE
MIAMI LAKES, FL 33014 US

FILED
08 MAR 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2188518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, G ALAN
16401 NW 58TH AVENUE
MIAMI, FL 33014

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BROOKS, G. ALAN
STREET ADDRESS	16401 NW 58TH AVENUE
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	VS
NAME	BROOKS, NANCY
STREET ADDRESS	16401 NW 58TH AVENUE
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	CFO
NAME	KLINGES, VINCENT
STREET ADDRESS	470 EAST PACES FERRY ROAD
CITY-ST-ZIP	ALTANTA, GA 30305
TITLE	C
NAME	MONCRIEF, HERMAN
STREET ADDRESS	470 EAST PACES FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	CEO
NAME	EDENFIELD, MICHAEL
STREET ADDRESS	470 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500121244475
03/25/08--01050--007 **185.00

\$73/18

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

Date

404 364 7877
Daytime Phone #