


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # H88498 1. Entity Name NEW DAY HOMES, INC.	
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Principal Place of Business POST OFFICE BOX 6 GRANDIN, FL 32138	Mailing Address POST OFFICE BOX 6 GRANDIN, FL 32138
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2612302	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIGIOVANNI, DEBRA J 121 SCENIC DR INTERLACHEN, FL 32148
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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, 2007 Fee will be \$550.00	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	VSD DIGIOVANNI, DEBRAA J 121 SCENIC DR INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENAS, THOMAS P.(ASST)ST 209 BLOSSOM DR INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENAS, ANITA 209 BLOSSOM DR INTERLACHEN, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80047-009 158.75

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: *Debra Digiovanni* 1-12-07 (386) 684-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #