2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # J03091

1. Entity Name

NEW DAY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

511 W SOUTH STREET

511 W SOUTH STREET

STE 101 STE 101
ORLANDO, FL 32805 ORLANDO

ORLANDO, FL 32805

FILED
Apr 30, 2007 08:00 AM
Secretary of State



04272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2465277

Applied For Not Applicable

5. Certificate of Status Desired

Z \$₹

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESHAY, JAMES T 830 LAKE MANN DRIVE ORLANDO, FL 32805

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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

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, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000747449 05/17/07-80025-015 158.75

OFFICERS AND DIRECTORS 10. TITLE THOMPSON, GERALDINE F. NAME STREET ADDRESS 9626 LEESIDE COURT CITY-ST-ZIP WINDEREMERE, FL TITLE VST DESHAY, JAMES T STREET ADDRESS 830 LAKE MANN DRIVE CITY-SI-ZIP ORLANDO, FL TITLE THOMAS, LAURISE A **400 ELDESTINADO** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE THOMPSON, EMERSON R III NAME STREET ADDRESS PO BOX 15255 CITY-ST-ZIP TALLAHASSEE, FL 323175255 TITLE THOMPSON, ELIZABETH 9626 LEESIDE COURT STREET ADDRESS CITY - ST-ZIP WINDEREMERE, FL. NAME STREET ADDRESS CITY-ST-ZIP

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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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

april 27, 2007 (407)245-7535