## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03091

City-St-Zip:

WINDEREMERE, FL

Entity Name: NEW DAY ENTERPRISES, INC.

FILED Jul 01, 2009 Secretary of State

•		,,		
Current Principal Place of Business:			New Principal Place of Business:	
511 W SO STE 101	OUTH STREET			
	D, FL 32805			
Current Mailing Address:			New Mailing Address:	
	UTH STREET			
STE 101 ORLANDO	D, FL 32805			
FEI Number	: 59-2465277	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	JAMES T MANN DRIVE D, FL 32805	US		
	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
		8(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICER	S AND DIREC	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () THOMPSON, GI 9626 LEESIDE WINDEREMERI	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VST () DESHAY, JAME 830 LAKE MANI ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	,	ADO	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () THOMPSON, EN PO BOX 15255 TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D () THOMPSON, EL		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GERALDINE F. THOMPSON P 07/01/2009