
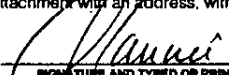


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # J70091 1. Entity Name NEW YEAR, INC.				
Principal Place of Business 1717 GULF SHORE BLVD NORTH NAPLES, FL 34102		Mailing Address PO BOX 7435 NAPLES, FL 34101		
DO NOT WRITE IN THIS SPACE				
				01052008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2808922		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HARVEY, DEBORAH L CPA 801 LAUREL OAK DRIVE SUITE 303 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LANNEE, GASTON 1717 GULF SHORE BLVD NORTH NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD LANNEE, JULIETTE 1717 GULF SHORE BLVD NORTH NAPLES, FL 34102			
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				
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: 		PRESIDENT GASTON LANNEE 01/07/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		