

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95186

FILED
Apr 05, 2008
Secretary of State

Entity Name: IDELLE B. NEWBURGE, P.A.

Current Principal Place of Business:

C/O IDELLE B NEWBURGE
6069 GELNDALE DR.
BOCA RATON, FL 33433

New Principal Place of Business:

C/O IDELLE B NEWBURGE
8030 PETERS RD. STE, D106
PLANTATION, FL 33324 US

Current Mailing Address:

C/O IDELLE B NEWBURGE
6069 GELNDALE DR.
BOCA RATON, FL 33433

New Mailing Address:

IDELLE B. NEWBURGE
6069 GLENDALE DR.
BOCA RATON, FL 33433 US

FEI Number: 65-0007429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWBURGE, IDELLE B
6069 GLENDALE DR.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWBURGE, IDELLE B.,
Address: 6069 GLENDALE DR.
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NEWBURGE, IDELLE B.,
Address: 6069 GLENDALE DR.
City-St-Zip: BOCA RATON, FL 33433 US

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.

SIGNATURE: IDELLE B. NEWBURGE

DP

04/05/2008

Electronic Signature of Signing Officer or Director

_____ Date