


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90034 048 ****50.00

DOCUMENT # L04000006718	
1. Entity Name NEW DIRECTION, LLC	

Principal Place of Business 12710 EQUESTRIAN CIRCLE APT. # 2608 FORT MYERS, FL 33907	Mailing Address 12710 EQUESTRIAN CIRCLE APT. #2608 FORT MYERS, FL 33907
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2. Principal Place of Business 1260 OSCOLA DRIVE Suite, Apt. #, etc.	3. Mailing Address 1260 OSCOLA DRIVE Suite, Apt. #, etc.
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City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33901	Zip 33901
Country USA	Country USA



08252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-5453888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, WILLIAM R ESQ. 8191 COLLEGE PARKWAY, #204 FT. MYERS, FL 33919

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SETZER, INGRID 12710 EQUESTRIAN CIRCLE APT. # 2608 FORT MYERS, FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SETZER, INGRID 1260 OSCOLA DRIVE FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ingrid Setzer 8/28/06 239 243-8420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #