## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 08:00 AM Secretary of State **DOCUMENT # L45270** 1. Entity Name NEARLY NEW, INC. Principal Place of Business Mailing Address **6426 EDGEWATER DRIVE** 6426 EDGEWATER DRIVE ORLANDO, FL 32810 ORLANDO, FL 32810 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2989205 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUDSON, CHARLES KENNETH DO NOT WRITE 520 MANDALAY ROAD ORLANDO, FL 32809 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000753804 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/22/07-80036-003 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME KNUDSON, CHARLES K PRES. STREET ADDRESS **520 MANDALAY ROAD** CITY-ST-ZIP ORLANDO FL, FL 32809 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

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 feceiver 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 alpachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

407 298 9961

Date

Daytime Phone #

**FILED**