2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L56161

1. Entity Name
NEWLANDS DESIGN GROUP INCORPORATED

Principal Place of Business	Mailing Address
229 REX COURT PALM SPRINGS, FL 33461 US	P.O. BOX 19971 WEST PALM BEACH, FL 33416 US

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0190557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALL, RAWORTH N
229 REX COURT
PALM SPRINGS, FL 33461

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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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000479068
04/08/06 00030 005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRE
NAME	WALL, RAWORTH N
STREET ADDRESS	229 REX CRT
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	ST
NAME	WALL, MONICA R
STREET ADDRESS	229 REX CRT
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	V
NAME	KEIR, DAVID A
STREET ADDRESS	1601 ARLINGTON DR.
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 21st MAR 06 561-967-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAWORTH N WALL