


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L94640 1. Entity Name NEW CONTINENTAL, INC.		
Principal Place of Business 2501 OLD LAKE WILSON RD. KISSIMMEE, FL 34747 US	Mailing Address 2501 OLD LAKE WILSON RD. KISSIMMEE, FL 34747 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SIMON, GARY P. 9100 SOUTH DADELAND BLVD STE 504 MIAMI, FL 33156		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)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD RICHARDS, CHRISTIANA 2501 SAND HILL RD KISSIMMEE, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIM, CHRISTOPHER 14675 BRADDOCK OAK DR ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDS, KERRY 2501 SAND HILL RD KISSIMMEE, FL 34747	
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: <u>Richards - Christiana Richards</u> 4-26-06 (407) 396-1887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000546162
05/11/06-80103-022 150.00

**DO NOT WRITE
IN THIS SPACE**