


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004120</b> 1. Entity Name NEW BEGINNINGS DEBT SETTLEMENT, LLC	
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Principal Place of Business 675 W. INDIANTOWN ROA, SUITE 201 JUPITER, FL 33458	Mailing Address 675 W. INDIANTOWN ROA, SUITE 201 JUPITER, FL 33458
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**DO NOT WRITE IN THIS SPACE**



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-5253820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

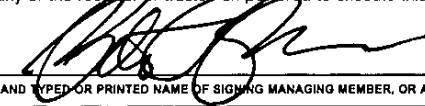
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGANELLI, J. PETER 420 LEXINGTON AVE., SUITE 402 NEW YORK, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/31/07-80019-014 50.00

**DO NOT WRITE  
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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:**  **1/19/07** **(202) 223-4650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #