2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# N00000003886

Entity Name: THE NEW BEGINNING COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

13850 NW 26TH AVE
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13850 NW 26TH AVE
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1020777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CHERYL
14900 NW 6TH COURT
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: ELEANOR, MAY
Address: 14900 NW 6TH COURT
City-St-Zip: MIAMI, FL 33168

Title: VPD ( ) Delete
Name: GWEN, SMITH
Address: 13850 NW 26TH AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: SD (X) Delete
Name: FREEMAN, MICHAEL
Address: 13850 NW 26TH AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: MAYNARD, ELEANOR
Address: 14900 NW 6TH COURT
City-St-Zip: MIAMI, FL 33168

Title: VPDT (X) Change ( ) Addition
Name: GWEN, SMITH
Address: 13850 NW 26TH AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR MAYNARD PDS 05/22/2007

Electronic Signature of Signing Officer or Director — Date