2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N02000007486

Entity Name: NEW BEGINNINGS NET -2- SUCCESS, INC.

Current Principal Place of Business:

2800 N.E. 59TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2800 N.E. 59TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

P.O. BOX 6068
GAINESVILLE, FL 32627

FEI Number: 14-1844323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JAMES A
6414 N.E. 27TH AVENUE
GAINESVILLE, FL 32609 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: PD ( ) Delete
Name: REYNOLDS, JACKIE
Address: P O BOX 1218
City-St-Zip: ALACHUA, FL 32616

Title: VP ( ) Delete
Name: WATTS, AMOS SR.
Address: 905 N.E. 26TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete
Name: WATTS, GEORGE
Address: 2519 N.E. 71ST STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: ROLLINS, COLUMBUS SR.
Address: 7015 N.E. 27TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: WATTS, AMOS JR.
Address: 905 N.E. 26TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: TD ( ) Delete
Name: ALFORD, AUDO SR.
Address: 2941 N.W. 68TH AVENUE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANITA WATTS SEC 02/23/2007

Electronic Signature of Signing Officer or Director — Date