2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011059

Entity Name: NEW CREATION CELEBRATION, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1002 FRENCH AVENUE SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

1002 FRENCH AVENUE SANFORD, FL 32771

FEI Number: 05-0593584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUSCARELLA, DEBRA A

1002 FRENCH AVENUE

SANFORD, FL 32771 US

BURNS, DEBRA A

1002 FRENCH AVENUE

SANFORD, FL 32771 US

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: DEBRA BURNS 03/29/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: MUSCARELLA, DEBRA
Address: 13 ESCONDIDO COURT #128
City-St-Zip: ALTAMONE SPRINGS, FL 32701
Title: D (X) Change () Addition
Name: MUSCARELLA, DEBRA
Address: 497 SUNLAKE CIRCLE #103
City-St-Zip: LAKE MARY, FL 327746

Title: D () Delete Title: D (X) Change () Addition

Name: BURNS, STEVE Name: BURNS, STEVE

 Address:
 2838 SUNLAKE LOOP#208
 Address:
 497 SUNLAKE CIRCLE #103

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LAKE MARY, FL 32746

Title: SD () Delete Title: () Change () Addition

 Name:
 BROGAN, MICHELLE
 Name:

 Address:
 27003 FIREBUSH DR.
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33543
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BROGAN, ALEC
 Name:

 Address:
 27003 FIREBUSH DR.
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33543
 City-St-Zip:

Title: () Delete Title: TD (X) Change () Addition ANDEXLER, ANN MARIE MUSCARELLA, ELIZABETH J Name: Name: 110 ALEXANDRA WOODS DR. 13 ESCONDIDO COURT #128 Address: Address: DEBARY, FL 32713 City-St-Zip: City-St-Zip: ALTMAMONTE SPRINGS, FL 32701

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: DEBRA BURNS D 03/29/2006