2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011059

City-St-Zip:

Entity Name: NEW CREATION CELEBRATION, INC.

FILED Mar 01, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1002 FRENCH AVENUE SANFORD, FL 32771				2516 OTIS AVENUE DELTONA, FL 32738		
Current Mailing Address:				New Mailing Address:		
1002 FRENCH AVENUE SANFORD, FL 32771				2516 OTIS AVENUE DELTONA, FL 32738		
FEI Number: 05-0593584 FEI Number Applied For ()			FEI Nun	FEI Number Not Applicable()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BURNS, DEBRA A 1002 FRENCH AVENUE SANFORD, FL 32771 US				BURNS, DEBRA A 2516 OTIS AVENUE DELTONA, FL 32738 US		
The above in the State		ubmits this statement for the p	urpose o	f changing it	ts registered	office or registered agent, or both,
SIGNATURE:						03/01/2007
	Electron	ic Signature of Registered Age	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MUSCARELLA, 497 SUNLAKE (LAKE MARY, FI	CIRCLE #103		Title: Name: Address: City-St-Zip:	D (BURNS, DEB 2516 OTIS AV DELTONA, FI	VENUE
Title: Name: Address: City-St-Zip:	D () BURNS, STEVE 497 SUNLAKE (LAKE MARY, FI	CIRCLE #103		Title: Name: Address: City-St-Zip:	D (BURNS, STEV 2516 OTIS AV DELTONA, FI	VENUE
Title: Name: Address: City-St-Zip:	SD () BROGAN, MICH 27003 FIREBUS WESLEY CHAF	SH DR.		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	D () BROGAN, ALEC 27003 FIREBUS WESLEY CHAP	SH DR.		Title: Name: Address: City-St-Zip:	MUSCARELL 13 ESCONDI	· ·
Title: Name: Address:	TD () MUSCARELLA, 13 ESCONDIDO			Title: Name: Address:	(() Change () Addition

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.

City-St-Zip:

SIGNATURE: DEBRA BURNS D 03/01/2007

ALTMAMONTE SPRINGS, FL 32701