2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N04000000089

Entity Name: NEW BEGINNINGS FELLOWSHIP OF FAITH, INC.

Current Principal Place of Business:

548 RACHAEL COURT
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

548 RACHAEL COURT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-0476821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, SHAWN
13808 GUILDHALL CIRCLE
ORLANDO, FL 32828 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: P ( ) Delete
Name: GONZALEZ, JR., HERIBERTO
Address: 548 RACHAEL COURT
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete
Name: MURPHY, SHAWN
Address: 13808 GUILDHALL CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: EC ( ) Delete
Name: GEER, ROD
Address: 3017 VINE ST
City-St-Zip: ORL, FL 32806

Title: S (X) Delete
Name: WHITE, ANTHONY
Address: 1013 COVINGTON STREET
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: WHITE, ANTHONY
Address: 1013 COVINGTON STREET
City-St-Zip: OVIEDO, FL

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: SHAWN MURPHY T 04/26/2006

Electronic Signature of Signing Officer or Director — Date