2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N04000007808

Entity Name: NEW BEGINNINGS NATIONAL DISASTER RELIEF, INC.

Current Principal Place of Business:

7447 SHINDLER DR
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

7447 SHINDLER DR
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 33-1077570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, PHILLIP C
7447 SHINDLER DR.
JACKSONVILLE, FL 32222 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: S/TR ( ) Delete
Name: ROBINSON, PHILLIP
Address: 7447 SHINDLER DR.
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP ( ) Delete
Name: ROBINSON, CURT
Address: 6428 BALLEJO CT. S.
City-St-Zip: JACKSONVILLE,, FL 32210

Title: P ( ) Delete
Name: TRUEWORTHY, BRENT
Address: 112 SOUTH MAIN ST.
City-St-Zip: BREWER, ME 04412

Title: DIR. ( ) Delete
Name: TRUEWORTHY, DARRICK
Address: 337 BUCK ST.
City-St-Zip: BANGOR, ME 04401

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:

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: PHILLIP ROBINSON SEC 04/28/2008

Electronic Signature of Signing Officer or Director — Date