2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000006387

Entity Name: NEW BEGINNINGS TECHNOLOGY & TRAINING INSTITUTE, INC.

Current Principal Place of Business:

9141 GOLDENVIEW PLACE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9141 GOLDENVIEW PLACE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 03-0587091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTS, JESSE L
9141 GOLDENVIEW PLACE
LAKE WORTH, FL 33467 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: POTTS, JESSE
Address: 9141 GOLDENVIEW PLACE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete
Name: POTTS, JOYCE
Address: 9141 GOLDENVIEW PLACE
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: THOMPSON, WILLIAM(BILLY) S
Address: 10678 PALM SPRINGS DR
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete
Name: MASON, PAMELA D
Address: P O BOX 17111
City-St-Zip: MIAMI, FL

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 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: JESSE POTTS PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date