2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# N05000010372

Entity Name: NEW BEGINNINGS INTO RECOVERY INC.

Current Principal Place of Business:

1515 WHITE LAKE DRIVE
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

1515 WHITE LAKE DRIVE
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 16-1736300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, RAYMOND M
1515 WHITE LAKE DRIVE
INVERNESS, FL 34453 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: COX, RAYMOND M
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: VP ( ) Delete
Name: COX, PAMELA J
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: TREA ( ) Delete
Name: SEAMAN, BUTCH
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRAEBEL, LYNN
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: VP (X) Change ( ) Addition
Name: HARPER, MARSHAL
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: TREA (X) Change ( ) Addition
Name: MCCOMB, KARIN
Address: 1515 WHITE LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

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: RAYNOND M. COX CEO 05/10/2008

Electronic Signature of Signing Officer or Director — Date