

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2009
Secretary of State**

DOCUMENT# N06000007777

Entity Name: NEW SPRINGS, INC.

Current Principal Place of Business:

6210 SHELDON ROAD
APT 2706
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6210 SHELDON ROAD
APT 2706
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-4248193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNPINAR, SERKAN
6210 SHELDON ROAD
APT 2706
TAMPA, FL 33615 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: GUVENC, ISMAIL
Address: 6210 SHELDON ROAD, APT 2706
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: OZEK, SERKAN
Address: 4202 E. FOWLER AVE. #30712
City-St-Zip: TAMPA, FL 33620

Title: M () Delete
Name: YILDIRIM, NECMETTIN
Address: 6210 SHELDON ROAD, #2706
City-St-Zip: TAMPA, FL 33615

Title: M () Delete
Name: YUCEK, TEVFIK
Address: 6210 SHELDON ROAD, APT 2706
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: GUNPINAR, SERKAN
Address: 6210 SHELDON ROAD, APT 2706
City-St-Zip: TAMPA, FL 33615

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:

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: SERKAN GUNPINAR

VP

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date