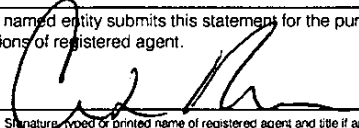
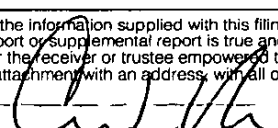


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90068 001 ***122.50

DOCUMENT # N07000011103 1. Entity Name NEWPOINT BAY INC			
Principal Place of Business 20739 QUEEN ALEXANDRA DR LEESBURG, FL 34748		Mailing Address PO BOX 881 LAKELAND, FL 33802	
2. Principal Place of Business - No P.O. Box # 700 West 23rd ST. Suite, Apt. #, etc. Building "H" City & State PANAMA CITY Zip 32405 Country USA		3. Mailing Address 700 West 23rd ST. Suite, Apt. #, etc. Bldg "H" City & State PANAMA CITY Zip 32405 Country USA	
4. FEI Number 26-1413851		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BARTHOLET, CHRISTOPHER L 10302 GREENHEDGES DR TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TULLY, SAMUEL M 1181 MEADOWBROOK RD NE PALM BAY, FL 32905	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARTHOLET, CHRISTOPHER L 10302 GREENHEDGES DR TAMPA, FL 33626	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/TR VANBIBBER, NANCY 3713 MARINER DR. PANAMA CITY, FL 31240	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	