## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000002643

FILED Mar 09, 2011 Secretary of State

Entity Name: NEWKITA GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

241 W. AVE., SUITE #104 141 SE AVE C

BELLE GLADE, FL 33430 BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

P.O. BOX 964

BELLE GLADE, FL 33430

FEI Number: 26-3651165 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE EDGE CENTER, INC,.

241 W. AVENUE A

BELLE GLADE, FL 33430 US

MCCLORIN, JERKITA N V/D
629 SW SANTA BARBRA PL
CAPE CORAL, FL 33991 US

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: JERKITA MCCLORIN 03/09/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: C/D

Name: NEWSON, RONDELL T Address: 629 SW SANTA BARBAR PL City-St-Zip: CAPE CORAL, FL 33991

Title: V/D

Name: MCCLORIN, JERKITA
Address: 629 SW SANTA BARBAR PL
City-St-Zip: CAPE CORAL, FL 33991

Title: S/D

Name: DAVIS, APRIL

Address: 441 WEST 28TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title:

Name: WILLIAMS, SHABOBBY
Address: 48A BETHUNE TERRACE
City-St-Zip: BELLE GLADE, FL 33430

Title: D

Name: WILLIAMS, THOMAS
Address: 48A BETHUNE TERRACE
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

SIGNATURE: JERKITA MCCLORIN V/D 03/09/2011