ANNUAL REPORT

2006 NOT-FOR-PROFIT CORPORATION **DOCUMENT # N31392**

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90468 010 ****61.25

1. Entity Nam NEW SM	^{ne} YRNA BEACH MAINSTREE	ET, INC.					
Principal Place of Business 412 1/2 CANAL ST P O BOX 641 NEW SMYRNA BCH, FL 32170 Mailing Address P.O. BOX 641 NEW SMYRNA BEACH, FL 32			32170-0641	\$ 1 00 00101 000 1100	6003;		1 1 1 1 EE
Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302006 CI	ng-NP	CR2E037 (11/05	i)
City & State		City & State		4. FEI Number 26-411754	8		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	□ \$8.75 / Fee Requ	Additional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	egistered Agent	
OFUMAN BOUG			Name	Name			
GEHMAN, DOUG 509 CANAL STREET NEW SMYRNA BCH, FL 32168			Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
INCAA OIALI	NNA BOTI, FE 32100						
			City			FL Zip C	ode
8. The above	e named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Flo	rida. I am familiar wi	th, and accept
the obligat	tions of registered agent.					:	
SIGNATURE		•					
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: 9					
		and the supplicable. (NOTE.)	registered Agent signature r	required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be		ake check payable da Department of	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Flori	ake check payable da Department of	State `
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR