

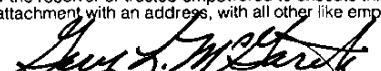


FILED
May 02, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # N32996 1. Entity Name THE BORN ANEW CORPORATION				05-02-2005 90557 015 ****61.25	
Principal Place of Business 430 10TH STREET WEST PALM BEACH, FL 33401 US		Mailing Address 430 10TH STREET WEST PALM BEACH, FL 33401 US			
2. Principal Place of Business		3. Mailing Address		03292005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0130454	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGARITY, GARY L 430 10TH STREET WEST PALM BEACH, FL 33401				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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGARITY, GARY L.		NAME	5937 Judd Falls Road West	
STREET ADDRESS	424 10TH ST #2		STREET ADDRESS	Lake Worth, FL 33463	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREELEY, LARENCE D.		NAME	D. T. William Smith	
STREET ADDRESS	424 10TH ST #4		STREET ADDRESS	615 N. Dixie Highway	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WAB FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTINIK, MAURICE K.		NAME	D. S. William Inby	
STREET ADDRESS	428 10TH ST #1		STREET ADDRESS	349 Greenleaf Lane	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Clarksville TN 37040	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHNERTZ, MARGARET K CPA		NAME		
STREET ADDRESS	619 SW SECOND AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		GARY L MCGARITY		28 APR 05 561 659-0358	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR				Date Daytime Phone #	