


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90292 006 \*\*\*\*70.00

<b>DOCUMENT # N39334</b>	
1. Entity Name <b>NEW SHILOH SERVICE CORPORATION</b>	

Principal Place of Business 1350 N.W. 95TH STREET MIAMI, FL 33147	Mailing Address 1350 N.W. 95TH STREET MIAMI, FL 33147
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0212612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOREN, BARRY M ESQ. 9200 S. DADELAND BLVD. #412 MIAMI, FL 33156		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON, EDWARD			NAME	D.L. Powell		
STREET ADDRESS	1350 N.W. 95TH STREET			STREET ADDRESS	1350 N.W. 95 Street		
CITY-ST-ZIP	MIAMI, FL 33147			CITY-ST-ZIP	Miami, FL 33147		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, MAXINE			NAME	elyde Pettaway		
STREET ADDRESS	1350 N.W. 95TH STREET			STREET ADDRESS	1350 N.W. 95 Street		
CITY-ST-ZIP	MIAMI, FL 33147			CITY-ST-ZIP	Miami, FL 33147		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDSON, LEROY			NAME			
STREET ADDRESS	1350 NW 95 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVETT, BRENDETTE			NAME			
STREET ADDRESS	1350 NW 95 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147			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 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:** Brendette Lovett Brendette Lovett 4/6/06 305-835-8280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #