


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49916</b> 1. Entity Name NEW GENERATION SCHOOL, INC.	
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Principal Place of Business 6405 S PINE AVE OCALA, FL 34480 US	Mailing Address P.O. BOX 1377 OCALA, FL 34478
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3130576	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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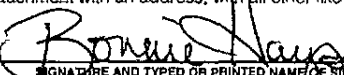
6. Name and Address of Current Registered Agent  PERINCHIEF, RICHARD K. 2815 SE 22ND AVENUE OCALA, FL 34471	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERINCHIEF, RICHARD DR 2815 SE 22ND AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYS, BONNIE 7 PINE RADIAL DRIVE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERINCHIEF, PASTOR GAIL 2815 SE 22ND AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, CHRIS 7 PINE RADIAL DRIVE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMON, SERGIO 4260 SE 65TH PL OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000277636  
03/26/05-80037-007 61.25

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.		
<b>SIGNATURE:</b>  <u>Bonnie Hays</u>	<u>3-24-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>