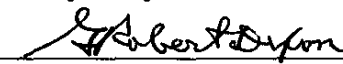
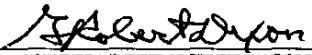


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 046 ****61.25

DOCUMENT # N95000002676 1. Entity Name NEW OPTIONS, INC.					
Principal Place of Business 254 WILSHIRE BLVD. CASSELBERRY, FL			Mailing Address P.O. BOX 180957 CASSELBERRY, FL 32718-0957		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3335789	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON, G. ROBERT 159 FALLWOOD ST. FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name G. ROBERT DIXON Street Address (P.O. Box Number is Not Acceptable) 3203 LAWTON RD #150 City ORLANDO FL Zip Code 32803		
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 		G. ROBERT DIXON		4/27/04	
Filing Fee is \$61.25 Due by May 1, 2004		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISEMAN, M CONNIE 159 FALLWOOD ST. FERN PARK, FL 32730	☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRBY, SARA JANE 656 STANHOPE DR CASSELBERRY, FL 32707	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DTSP DIXON, G. ROBERT 159 FALLWOOD ST. FERN PARK, FL 32730		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DTSP DIXON, G. ROBERT 3203 LAWTON RD. #150 ORLANDO, FL 32803		☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DTSP DIXON, G. ROBERT 3203 LAWTON RD. #150 ORLANDO, FL 32803		☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DTSP DIXON, G. ROBERT 3203 LAWTON RD. #150 ORLANDO, FL 32803		☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DTSP DIXON, G. ROBERT 3203 LAWTON RD. #150 ORLANDO, FL 32803		☒ Change ☐ Addition		TITLE NAME STREET ADDRESS 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)(j), 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: 		G. ROBERT DIXON		4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	