## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002676

3203 LAWTON RD #150

ORLANDO, FL 32803

Address:

City-St-Zip:

FILED May 28, 2007 Secretary of State

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Entity Na	me: NEW OPTIONS, INC.			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	HIRE BLVD. ERRY, FL 32707			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX CASSELB	180957 ERRY, FL 327180957			
	: 59-3335789 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation d		ıs Desired ( )	
Name and	l Address of Current Registered Agent	: Name and Address of New Registered A	Agent:	
ORLANDO The above	(TON RD #150 D, FL 32803 US	the purpose of changing its registered office or registered	agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VD ( ) Delete ISEMAN, M CONNIE 3203 LAWTON RD #150 ORLANDO, FL 32803	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VD ( ) Delete KIRBY, SARA JANE 3203 LAWTON RD #150 CASSELBERRY, FL 32703	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name:	DTSP ( ) Delete DIXON, G. ROBERT	Title: ( ) Change ( ) Addition Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: G. ROBERT DIXON PRES 05/28/2007