

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002676

FILED
Apr 30, 2008
Secretary of State

Entity Name: NEW OPTIONS, INC.

Current Principal Place of Business:

254 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180957
CASSELBERRY, FL 327180957

New Mailing Address:

FEI Number: 59-3335789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, G. ROBERT
3203 LAWTON RD #150
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ISEMAN, M CONNIE
Address: 3203 LAWTON RD #150
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: KIRBY, SARA JANE
Address: 3203 LAWTON RD #150
City-St-Zip: CASSELBERRY, FL 32703

Title: DTSP () Delete
Name: DIXON, G. ROBERT
Address: 3203 LAWTON RD #150
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: G. ROBERT DIXON

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date