

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000861

FILED
Feb 16, 2007
Secretary of State

Entity Name: NEW CENTURY INSTITUTE, INC.

Current Principal Place of Business:

205 S. EOLA DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

3670 MAGUIRE BOULEVARD
SUITE 110
ORLANDO, FL 32803

Current Mailing Address:

3180 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Mailing Address:

P.O. BOX 370689
MIAMI, FL 33137

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GISSEN, MATTHEW
3180 BISCAYNE BOULEVARD
MIAMI, FL 33137 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: D () Delete
Name: POWERS, GARY
Address: 555 STOCKTON ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: THOMPSON, JERRY
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

Title: CD () Delete
Name: JACOBS, DICK
Address: 205 S. EOLA DR.
City-St-Zip: ORLANDO, FL 32801

Title: STD () Delete
Name: GISSEN, MATTHEW J.D.
Address: 3180 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: VD () Delete
Name: OLK, THOMAS M.S.
Address: 3333 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: BELL, CHET
Address: 3875 TIGER BAY ROAD
City-St-Zip: DAYTONA BEACH, FL 33124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HAMILTON, NANCY
Address: 6655 66 STREET N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: CD (X) Change () Addition
Name: JACOBS, DICK
Address: 3670 MAGUIRE BLVD., SUITE 110
City-St-Zip: ORLANDO, FL 32803

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 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: MATTHEW GISSEN

STD

02/16/2007

Electronic Signature of Signing Officer or Director

Date