2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000861

Entity Name: NEW CENTURY INSTITUTE, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3670 MAGUIRE BOULEVARD 4500 ISLAND ROAD SUITE 110 MIAMI, FL 33137 ORLANDO, FL 32803

Current Mailing Address: 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: Name and Address of New Registered Agent:

GISSEN, MATTHEW
3180 BISCAYNE BOULEVARD
MIAMI, FL 33137 US
GISSEN, MATTHEW
4500 ISLAND ROAD
MIAMI, FL 33137 US

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: 04/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete POWERS, GARY Name: Name: 555 STOCKTON ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: VD () Delete Title: () Change () Addition HAMILTON, NANCY Name: Name: Address: 6655 66 STREET N. Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip:

Title: CD () Delete Title: () Change () Addition Name: JACOBS, DICK Name:

 Address:
 3670 MAGUIRE BLVD., SUITE 110
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

Name:GISSEN, MATTHEW J.D.Name:GISSEN, MATTHEW J.D.Address:3180 BISCAYNE BOULEVARDAddress:4500 ISLAND ROADCity-St-Zip:MIAMI, FL 33137City-St-Zip:MIAMI, FL 33137

Title: VD () Delete Title: () Change () Addition

 Name:
 OLK, THOMAS M.S.
 Name:

 Address:
 3333 WEST PENSACOLA STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 BELL, CHET
 Name:

 Address:
 3875 TIGER BAY ROAD
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 33124
 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: MATTHEW GISSEN STD 04/11/2008