2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003
Secretary of State

DOCUMENT# N98000002304

Entity Name: NEW COMMUNITY DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

1405 W. 23RD ST., STE. 1
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1405 W. 23RD ST., STE. 1
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0639778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, MATTHEW
1405 W. 23RD, STE. 1
RIVIERA BEACH, FL 33404 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: HUBBARD, LYNNE
Address: 1405 W. 23RD ST., STE. 1
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD ( ) Delete
Name: HUBBARD, ULYSSES
Address: 1405 W. 23RD ST., STE. 1
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VD ( ) Delete
Name: KING, DONNA Y PINDER
Address: 1022 NW 6TH AVE.
City-St-Zip: BOYNTON BEACH, FL

Title: STD ( ) Delete
Name: FORD, MATTHEW
Address: 1405 W. 23RD ST., STE. 1
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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 Section 119.07(3)(i), 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: LYNNE L. HUBBARD D 09/10/2003

Electronic Signature of Signing Officer or Director — Date