2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Name	MENT # N9900000393		Jan 30, 2006 08:00 AM Secretary of State				
NEW WO	RLD EXPLORERS, INC.				J		
Principal Place of Business 626 CASA BELLA DRIVE BRADENTON FL 34209		Mailing Address 526 CASA BELLA DRIV BRADENTON FL 34209					
2. Principal Place of Business		3. Mailing Address	-		1411	(1914 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916 1916	iat at iaat
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MO	ORE CR2EO	37 (10/05)	
City & State		City & State		4. FEI Number 6	5-0933691	\\\	olied For Ap <i>plica</i> b
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Addi Fee Required	
	Name and Address of Current	Registered Agent		7. Name and Add	ess of New Registere	d Agent	
626	K, DOUGLAS T CASA BELLA DRIVE DENTON FL 34209	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
the obligati	named entity submits this statement to ions of registered agent. Signature, typica or printed name of registered agent. FILE NOW: FEE IS \$61.25 Due By May 1, 2006	and little if applicable (NOTE	E Registered Agent Eignature require		oar Make Che		
10.	OFFICERS AND DO	SECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME	DP PECK, DOUGLAS T 626 CASA BELLA DRIVE BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	62/	U00000406876 07/06-80106-0	□ Change 325 61. 25	Addis
	DV ROSS, SOCOLOF 6114 WILLOW OAK CIR BRADENTON FL 34209	□ Defete	TITLE NAME STREET ADDRESS CHY-ST-ZP			☐ Change	Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OWENS, ART 4755 N KENNANSVILLE ROAD ST CLOUD FL 34773	Delcic	TITLE NAME STREET ADDRESS CUTY - ST - ZIP		<u> </u>	· Change	- □ Addie
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORGAN, CHARLES E 1635-80TH ST. NORTH SAINT PETERSBURG FL 33710	☐ Delete	NAME STREET AODRESS CITY-ST-ZIP			Change	∏ Addis
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PECK, DOUGLAS W 1711 91ST ST N.W. BRADENTON FL 34209	☐ Delete	TITLE NAME STRECT ADDRESS CITY-ST-ZIP			☐ Change	_ Adiro
TITLE NAME STREFT ADDRESS GITY-ST-ZIP	certify that the information symplicity	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and in Senting 119 Ele	urida Stabutoo I furthere	Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dans las Ti Fred

26 Jan 2006

(941) 7920202

FILED