

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005310

FILED
Apr 25, 2007
Secretary of State

Entity Name: NEW BEGINNINGS GROUP, INC.

Current Principal Place of Business:

820 GERHARDT DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

820 GERHARDT DRIVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3597194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHSNER, CHRIS G ESQ.
820 GERHARDT DRIVE
PENSACOLA, FL 32503 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: HOOLE, JANICE S
Address: 820 GERHARDT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: ECHSNER, CHRIS G
Address: 820 GERHARDT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: ECHSNER, STEPHEN H
Address: 316 S. BAYLEN STREET #400
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Delete
Name: MORELAND, MARK
Address: 1576 AIRPORT ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: EMPIE, KIM
Address: 1062 SOUTH HWY 97
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: SPAIN, WILLIAM DR
Address: 8183 KIPLING ST
City-St-Zip: PENSACOLA, FL 32514

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:

Title: D (X) Change () Addition
Name: MCGUIRE, THOMAS
Address: 726 LAKEWOOD ROAD
City-St-Zip: PENSACOLA, FL 32507

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: CHRIS G. ECHSNER

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date