2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005492

Entity Name: A NEW BEGINNING, CORP.

FILED Feb 20, 2002 8:00 AM Secretary of State

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

11985 BIRD DR MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

11985 BIRD DR MIAMI, FL 33175

FEI Number: 65-0925783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, MARIE-CECILLE

10351 SW 211 ST

MIAMI, FL 33189 US

ROSENBERG, MERCEDES E PSY.D.

11985 BIRD DRIVE

MIAMI, FL 33175 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: MERCEDES E. ROSENBERG, PSY.D. 02/20/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROSENBERG, MERCEDES Name: ROSENBERG, MERCEDES E Address: 11985 BIRD DR Address: 11985 BIRD DR

Address: 11985 BIRD DR Address: 11985 BIRD DR City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33175

Title: VD () Delete Title: VD (X) Change () Addition Name: MARTINEZ, MARIE-CECILLE Name: MARTINEZ, MARIE-CECILLE

 Address:
 13051 SW 211 ST
 Address:
 15253 SW 141 ST

 City-St-Zip:
 MIAMI, FL 33189
 City-St-Zip:
 MIAMI, FL 33196

Title: D () Delete Title: () Change () Addition

 Name:
 WILLIAMS, WALTER LEWIS
 Name:

 Address:
 8204 SW 174 TERR
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 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: MERCEDES E. ROSENBERG, PSY.D. PD 02/20/2002