## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000108809

NEVACENCE AND DEALTY OUND COTMENT INC

FILED Jul 11, 2006 Secretary of State

Entity Name: Newengland Really & INVESTME	NT, INC.		
Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
PO BOX 5628 POMPANO BCH, FL 33074	PO BOX 812049 BOCA RATON, FL 33	481	
Current Mailing Address:	New Mailing Address	<b>::</b>	
PO BOX 5628 POMPANO BCH, FL 32074	PO BOX 812049 BOCA RATON, FL 33	PO BOX 812049 BOCA RATON, FL 33481	
FEI Number: 65-1066306 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:		f New Registered Agent:	
TURNER, OTHEL 5787 W SUNRISE BLVD. PLANTATION, FL 33313 US			
The above named entity submits this statement for the pin the State of Florida.	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Age	ent	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did no Election Campaign Financing Trust Fund Contribution ( ).	at receive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PST ( ) Delete	Title: PST	(X) Change ( ) Addition	

PINTO, JOSEPH PINTO, JOSEPH Name: Name: PO BOX 812049 Address: PO BOX 5628 Address: City-St-Zip: POMPANO BCH, FL 33074 City-St-Zip: BOCA RATON, FL 33481

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

PINTO, JOSEPH Name: Name: Address: P O BOX 307 Address: POMPANO BEACH, FL 33061 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH PINTO **PST** 07/11/2006