



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111758						
1. Entity Name A NEW DAWN, INC.						
Principal Place of Business 9280 COLLEGE PKWY, #3 FT. MYERS, FL 33919		Mailing Address 9280 COLLEGE PKWY, #3 FT. MYERS, FL 33919				
DO NOT WRITE IN THIS SPACE						
<div style="text-align: right;">01192006 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number 65-1060423</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 65-1060423	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-1060423	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent HANEWINCKEL, DEAN 2800 PLACIDA RD., #110 ENGLEWOOD, FL 34224		DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVE, DAWN W 4283-A ISLAND CIRCLE FORT MYERS, FL 33919					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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<div style="text-align: right;">000000479582 04/10/06-80006-020 150.00</div> DO NOT WRITE IN THIS SPACE						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  103/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						