

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000000262

**FILED**  
**Mar 14, 2008**  
**Secretary of State****Entity Name:** NEW PLAN, INC.**Current Principal Place of Business:**2055-B LAKE AVENUE S.E.  
LARGO, FL 33771**New Principal Place of Business:****Current Mailing Address:**2055-B LAKE AVENUE S.E.  
LARGO, FL 33771**New Mailing Address:****FEI Number:** 59-3702716**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHARLES, JOSWIG R  
2055-B LAKE AVENUE S.E.  
LARGO, FL 33771 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:** P ( ) Delete  
**Name:** CHARLES, JOSWIG R  
**Address:** 113 POINCIANA LANE  
**City-St-Zip:** LARGO, FL 33770**Title:** V ( ) Delete  
**Name:** MARY, JOSWIG M  
**Address:** 113 POINCIANA LN  
**City-St-Zip:** LARGO, FL 33770**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R JOSWIG JR

PRES

03/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date