## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2005 08:00 AM Secretary of State

Daytime Phone #

| DOCUMENT # P01000022564  1. Entity Name NEW BEGINNING ACADEMY CORPORATION   |  |                               |                                    |                               | Sec   | retary of State                                |  |
|---|--|-------------------------------|------------------------------------|-------------------------------|---|--|--|
| Principal Place of Business  976 S.W. 81ST AVENUE  NORTH LAUDERDALE, FL 33068  Mailing Address  976 S.W. 81ST AVENUE  NORTH LAUDERDALE, FL 33068  NORTH LAUDERDALE, FL 33068  |  |                               | 68                                 | <b>2 1001/201</b> 3 1/6       | A Maint expres muster dimeth dimeth         | : WWIND STRIK LINKEN WHING WIND WINDER IN SWOT |  |
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| D   | O NOT WRITE IN   | ČĖ                            | 01302005<br>4. FEI Numbe<br>65-108 |                               | CR2E034 (10/03)  Applied For Not Applicable |  |  |
|   |  |                               | 5. Certificate                     | of Status Desired             | S8.75 Additional Fee Required               |  |  |
|   | 6. Name and Address of Current Regis<br>NINE<br>31ST AVENUE<br>AUDERDALE, FL 33068   | DO NOT WRITE<br>IN THIS SPACE |                                    |                               |   |  |  |
| 8. The above named onlity 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  Signature, typed or printed name of registered agent and tall if applicable. (NOTE. Registered Agent signature required when reinslating)  DATE   |  |                               |                                    |                               |   |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |  |                               |                                    | 03/26/05-80006-008 150,00     |   |  |  |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PO<br>RICH, ELAINE<br>976 SW 81ST AVE<br>POMPANO BEACH, FL 33068   | TORS                          |                                    |                               |   |  |  |
| iiile<br>name<br>street address<br>city-st-zip  |  |                               |                                    |                               |   |  |  |
| ntle<br>Name<br>Street Address<br>City-St-Zip   | NAME<br>Street Address   |                               |                                    | DO NOT WRITE<br>IN THIS SPACE |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ae<br>Heet address<br>Y-ST-ZIP   |                               |                                    |                               |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                               |                                    | ,                             |   |  |  |
| TITLE NAME STREET ACCRESS CITY-ST-ZIP   |  |                               |                                    |                               |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR