


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000025340 1. Entity Name NEW BEGINNINGS DOULA SERVICES, INC.	
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Principal Place of Business 2616 N. RIVERSIDE DRIVE, UNIT #3 POMPANO BEACH, FL 33062-1242	Mailing Address 2616 N. RIVERSIDE DRIVE, UNIT #3 POMPANO BEACH, FL 33062-1242
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1094737	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

THOMPSON, PATRICIA
2616 N. RIVERSIDE DRIVE, UNIT #3
POMPANO BEACH, FL 33062-1242

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PATRICIA 2616 N. RIVERSIDE DRIVE, UNIT #3 POMPANO BEACH, FL 330621242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSO, BERNICE 3662 NW 63 COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DENISE 2360 NE 49TH STREET LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/05-80033-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Denise Carter DENISE CARTER RECEIVER 3/6/05 954-802-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #