

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90255 024 ***150.00

DOCUMENT # P01000055237 1. Entity Name NEW CENTURY STRUCTURES, INC.					
Principal Place of Business 8427 SOUTH PARK CIR #150 ORLANDO, FL 32819			Mailing Address 8427 S. PARK CIR., SUITE 150 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2910 Bush Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Melbourne, FL		4. FEI Number 94-3418240	
Zip		Zip 32935		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AVANTE HOLDING GROUP, INC. 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Avante Holding Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 2910 Bush Dr. City Melbourne FL Zip Code 32935	
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 <u><i>MD [Signature]</i></u> DATE 4-20-07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORCI, JOSEPH J 8427 SOUTH PARK CIR STE 150 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / DIR SORCI, JOSEPH J. 8427 S. Park Cir. Ste. 150 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAWKINS, MICHAEL W 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIR HAWKINS, MICHAEL W. 2910 BUSH DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HARMON, BRUCE 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HARMON, BRUCE 2910 BUSH DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BENNETT, GINA 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BENNETT, GINA 2910 BUSH DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERKE, LEIGH 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERKE, LEIGH 2910 BUSH DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 the address, with another like empowered.		
SIGNATURE: <u><i>MD [Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-20-07 Daytime Phone # 321-421-6349		