## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 11, 2006 08:00 AM Secretary of State

388 C81

DOCUMENT # P02000010300  1. Entity Name TOM NEWMAN ENTERPRISES, INC.	Secretary of State
Principal Place of Business Mailing Address 7415 WETHERSFIELD DRIVE 717 E. OAK STREET ORLANDO, FL 32819 KISSIMMEE, FL	
DO NOT WRITE IN THIS SPA	O3112006 No Chg-P CR2E034 (11/05)  4. FEI Number
6. Name and Address of Current Registered Agent NEWMAN, TOM 7415 WETHERSFIELD DRIVE ORLANDO, FL 32819	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  Signature typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when religitating)  DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution  10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS  TITLE DPST NAME NEWMAN, TOM SIREET ADDRESS 7415 WETHERSFIELD DRIVE ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME SIRLEI ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Tivle NAME Street address City-St-Zip	
12. Thereby certify that the information supplied with this filling 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.	