

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023315

1. Entity Name  
NEW DAWN FINANCIAL SERVICES INC.



Principal Place of Business  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

Mailing Address  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

FILED

06 SEP 18 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0619460

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUIONQUION, JEAN-LUC  
2150 S. PALMETTO AVENUE #16  
SOUTH DAYTONA, FL 32119

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES QUIONQUION, JEAN-LUC PRES 2150 S. PALMETTO AVE, #16 SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC QUIONQUION, FELICIA F SEC 2150 S. PALMETTO AVE, #16 SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES QUIONQUION, JEAN-LUC TRES 2150 S. PALMETTO AVE #16 SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer CFO TED BANTA 2150 S. Palmetto Ave #16 South Daytona, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200080026912  
09/21/06--01023--023 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

9/20

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 an address, with all other like empowered.

SIGNATURE:

*Jean Luc Quionquion* Jean-Luc Quionquion 09/08/06 386-747-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #