

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031118

Entity Name: NEWIGI STOPA, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

2544 MCMULLEN BOOTH RD.
SUITE 100
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2544 MCMULLEN BOOTH RD.
SUITE 100
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 75-3032284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONTE, CHRISTOPHER J
2544 MC MULLEN BOOTH ROAD
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PONTE, CHRISTOPHER J
Address: 2544 MC MULLEN BOOTH
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: FLORIN, WIL H
Address: 259 AVENUE DES CHATEAUX
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: GRAY, CHRISTOPHER D
Address: 4642 DEVONSHIRE BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: WOLFGANG, FLORIN
Address: 9738 PATRICIAN DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: ROEBIG, TOMMY
Address: 603 ROYAL DORNOCH CT
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLORIN, WILL H
Address: 259 AVENUE DES CHATEAUX
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. PONTE

D

01/31/2007

Electronic Signature of Signing Officer or Director

Date