

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031118

Entity Name: NEWIGI STOPA, INC.

FILED  
Mar 23, 2009  
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:

GRAY, CHRISTOPHER D  
2544 MC MULLEN BOOTH ROAD  
CLEARWATER, FL 33761 US

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: CHRISTOPHER GRAY

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete  
Name: FLORIN, WILL 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: 15510 GULF BLVD  
City-St-Zip: REDINGTON BEACH, FL 33708

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

Title: D (X) Change ( ) Addition  
Name: WOLFGANG, FLORIN  
Address: 10342 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify 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 GRAY

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date