

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000057441

1. Entity Name
NEW MOTORS, INC.



Principal Place of Business
**9550 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

Mailing Address
**P.O. BOX 770279
ORLANDO, FL 32877-0279**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0428952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAILEY, JENNIFER E
390 NORTH ORANGE AVE., STE. 600
ORLANDO, FL 32801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000391088
01/24/06-80026-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LALLY, JASVINDER S
STREET ADDRESS	9550 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	STD
NAME	HILL, ANKE
STREET ADDRESS	9550 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D
NAME	CHANDRA, SIDDHARTHA
STREET ADDRESS	9550 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06
Date

Daytime Phone # _____