## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P02000073695 1. Entity Name 04-05-2004 90063 049 \*\*\*150.00 NEW ENGLAND HOMEWORKS, INCORPORATED Principal Place of Business Mailing Address 8177 MSTICHARBOROR 8177 MASTICHAFBOROR BOINTONBOH FL 33436 BOINTONEOH FL 33436 2. Principal Place of Business 3. Mailing Address 1725 SE Kivertnow Suite, Apt. #, etc. 03142004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable 04-3699532 eaves Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BRANDENBURG, FREDERICK Address (P.O. Box Number is Not Acceptable) 8177 MYSTIC HARBOR CIR BOYNTON BCH, FL 33436 Zip Code FI 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. $f \leftarrow \frac{1}{2} \frac{1}{2}$ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 1.1 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 10. Trefferet ппле Change ☐ Addition ☐ Delete TITLE BRANDENBURG, FREDERICK NAME NAME 3925 SE Riverfront STREET ADDRESS STREET ADDRESS 8177 MYSTIC HARBOR CIR CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH, FL 33436 ☐ Change Addition Delete TITLE TITLE GRANT, JAMES R JR. NAME Janest 8725 SERIVER STREET ADDRESS 8173 MYSTIC HARBOR CIR STREET ADDRESS BOYNTON BCH, FL 33436 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST\_7IP والمعلى فلم إلاوال TITLE ☐ Change Defete IIILE au 90 05 16 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- --CITY-ST-ZIP 4

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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