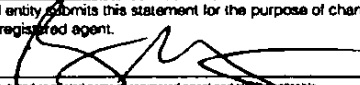
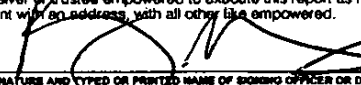


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

1/1

01-08-2007 90250 048 ***150.00

DOCUMENT # P02000075411			
1. Entity Name NOUVEAU TERRE, INC.			
Principal Place of Business 214 HOFFMAN COURT CASSELBERRY, FL 32707		Mailing Address 214 HOFFMAN COURT CASSELBERRY, FL 32707	
2. Principal Place of Business - No P.O. Box # 1545 ELFSTONE DR		3. Mailing Address Po. 181894	
Suite, Apt. #, etc. Casselberry FL		Suite, Apt. #, etc. Casselberry FL	
City & State		City & State	
Zip 32707	Country US	Zip 32718	Country US
4. FEI Number 02-0635981		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WOLTERS, PETER A 214 HOFFMAN COURT CASSELBERRY, FL 32707	
7. Name and Address of New Registered Agent Name: Peter A. Walters Street Address (P.O. Box Number is Not Acceptable) 1545 ELFSTONE DR City: Casselberry FL Zip Code: 32707		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:  DATE: 1/3/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLTERS, PETER A 214 HOFFMAN COURT CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 file empowered.			
SIGNATURE:  DATE: 2/12/07		407-331-3755 Daytime Phone #	

Peter A. Walters