

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026894

FILED
Apr 30, 2007
Secretary of State

Entity Name: NEW START PROPERTY MANAGEMENT COMPANY

Current Principal Place of Business:

404 NORTH 4TH STREET
SUITE # 1
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P. O. BOX 3494
PONTE VEDRA BEACH, FL 32004

New Principal Place of Business:

818 HWY A1A NORTH
SUITE # 207-I
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 41-2083759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, ROGER
8200 SHADE TREE CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MEADE, DOUGLAS B DP
818 HWY A1A NORTH
SUITE #207-I
PONTE VEDRA BEACH, FL 32082 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: DOUGLAS B. MEADE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: TOMPKINS, ROGER B
Address: 8200 SHADE TREE LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVC () Delete
Name: KELLY, KENNETH A
Address: 421 E CENTRAL BLVD #1202
City-St-Zip: ORLANDO, FL 32801

Title: DP (X) Delete
Name: MEADE, DOUGLAS
Address: 3221 FIDDLERS HAMMOCK LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS (X) Delete
Name: TOMPKINS, CAROL K
Address: 8220 SHADE TREE LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT (X) Delete
Name: MEADE, KIMBERLY K
Address: 3221 FIDDLERS HAMMOCK LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEADE, DOUGLAS B
Address: 818 HWY A1A NORTH, SUITE #207-I
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT (X) Change () Addition
Name: MEADE, KIMBERLY K
Address: 818 HWY A1A NORTH, SUITE #207-I
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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: DOUGLAS B. MEADE

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date