

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90029 040 \*\*\*158.75

<b>DOCUMENT # P03000068962</b> 1. Entity Name <b>NEW BEGINNINGS, INC., A MEDICAID WAIVER ADULT DAY TRAINING PROGRAM</b>					
Principal Place of Business <b>103 DEL PRADO BL N SUITE 16 CAPE CORAL, FL 33909 US</b>			Mailing Address <b>103 DEL PRADO BL N SUITE 16 CAPE CORAL, FL 33909 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0053604</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>NICHOLSON, EVELYN M 4107 N.W. 26TH STREET CAPE CORAL, FL 33993</b>			7. Name and Address of New Registered Agent Name <b>NICHOLSON, EVELYN M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 DEL PRADO BL N SUITE 16 CAPE CORAL FL 33909</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, EVELYN M 4107 N.W. 26TH STREET CAPE CORAL, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, EVELYN M. 103 DEL PRADO BL N SUITE 16 CAPE CORAL, FL 33909	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, RAY T 4107 N.W. 26TH STREET CAPE CORAL, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, RAY T. 103 DEL PRADO BL N SUITE 16 CAPE CORAL FL 33909	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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.					
<b>SIGNATURE:</b>  <b>RAY T. NICHOLSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-7-8      239/573-4845 <small>Date      Daytime Phone #</small>		



**New Beginnings**  
**103 Del Prado Blvd N**  
**Suite 16**  
**Cape Coral, FL 33909**

**ATTACHMENT**

40000935

# P03000068962

Division of Corporations  
PO box 1500  
Tallahassee, FL 32302-1500

January 7<sup>th</sup>, 2007

Dear Sir or Madam;

I am a director with our corporation, New Beginnings Inc., A Medicaid Waiver Adult Day Training Program. I am also a Code Enforcement Officer with the City of Cape Coral, FL. As such, pursuant to Florida SS119, I am requesting my and my wife's home address be deleted from public record. Please use the street address of our company office as our contact address.

If there are any further requirements please do not hesitate to contact me.

Thank you,

Ray T. Nicholson  
New Beginnings, Inc.  
103 Del Prado Bl N  
Cape Coral, FL 33909

239/573-4845