2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122410

1. Entity Name

A NEWER FACE, INCORPORATED



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

261 WEST GARDENIA DRIVE ORANGE CITY, FL 32763 Mailing Address

261 WEST GARDENIA DRIVE ORANGE CITY, FL 32763



DO NOT WRITE IN THIS SPAC	nn	NOT	WRITE	IN THIS	SPACE
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EXCHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DETECTOR

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | Not Applicable | Not Appli

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

8. Name and Address of Current Registered Agent

FALASCO, MARIANNE R 261 WEST GARDENIA DRIVE ORANGE CITY, FL 32763

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its registers	d office of r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	1 applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALASCO, MARIANNE R 261 WEST GARDENIA DRIVE ORANGE CITY, FL 32763				100aa459278	
Title Name Street address City-ST-ZIP					03/18/06-80026-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
title name sireet address city-st-zip			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
Title Name Sircet adoress City-SI-Zip						
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 it made under ceth; 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.						