


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000132643  
 1. Entity Name  
 NEW BEGINNINGS ACADEMY, INC.



Principal Place of Business 1500 NW 11 STREET FT. LAUDERDALE, FL 33311	Mailing Address 1500 NW 11 STREET FT. LAUDERDALE, FL 33311
--	--

**DO NOT WRITE IN THIS SPACE**



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0221478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 RICH, TRALISSA  
 1500 NW 11 STREET  
 FT. LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICH, TRALISSA 8171 SW 3RD PL N. LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, RONA 6714 S. PARKWAY DRIVE MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000922366  
 05/15/08-80043-014 150.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Tralissa Rich Date: 4/15/08 Daytime Phone #: 954 768-9785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR