2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016339

Entity Name: NEW BEGINNING MUSIC INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5949 NEECHMONT BLVD 5949 BEECHMONT BLVD ORLANDO, FL 32808 US

Current Mailing Address: New Mailing Address:

5949 NEECHMONT BLVD
ORLANDO, FL 32808

5949 BEECHMONT BLVD
ORLANDO, FL 32808

ORLANDO, FL 32808

FEI Number: 41-2122886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMONS, ALONZO
5949 NEECHMONT BLVD
ORLANDO, FL 32808 US
SIMMONS, ALONZO
5949 BEECHMONT BLVD
ORLANDO, FL 32808 US
ORLANDO, FL 32808 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: 03/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 SIMMONS, ALONZO
 Name:
 SIMMONS, ALONZO

 Address:
 5949 NEECHMONT BLVD
 Address:
 5949 BEECHMONT BLVD

5949 NEECHMONT BLVD
ORLANDO, FL 32808
Address: 5949 BEECHMONT BLVD
ORLANDO, FL 32808 US
City-St-Zip: ORLANDO, FL 32808 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SIMMONS, CHARLYCE
 Name:
 SIMMONS, CHARLYCE

 Address:
 5949 NEECHMONT BLVD
 Address:
 5949 BEECHMONT BLVD

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALONZO SIMMONS MR 03/30/2005