
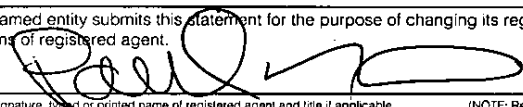


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 005 ***150.00

DOCUMENT # P04000032116					
1. Entity Name NEW ENGLAND FAMILY ENTERPRISES CONTRACTING, INC.					
Principal Place of Business 2751 MOODY BLVD FLAGLER BEACH, FL 32136			Mailing Address 2751 MOODY BLVD FLAGLER BEACH, FL 32136		
2. Principal Place of Business 3801 North US 1 Suite, Apt. #, etc.		3. Mailing Address 6 Westland Pl. Suite, Apt. #, etc.			
City & State Gunnell, FL Zip: 32110 Country: U.S.A		City & State Palm Coast, FL Zip: 32164 Country: U.S.A		4. FEI Number 20-0633864	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AGIAR, PAUL 2751 MOODY BLVD FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name: Paul Agiar Street Address (P.O. Box Number is Not Acceptable): 6 Westland Place City: Palm Coast FL Zip Code: 32164		
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: 3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME AGIAR, JOSE STREET ADDRESS 6 WESTLAND PLACE CITY-ST-ZIP PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME AGIAR, PAUL STREET ADDRESS 6 WESTLAND PLACE CITY-ST-ZIP PALM COAST, FL 32164	<input type="checkbox"/> Delete		TITLE P&T NAME AGIAR PAUL STREET ADDRESS 6 Westland Pl. CITY-ST-ZIP Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BETTENCOURT, ANTONIO STREET ADDRESS 6 WESTLAND PLACE CITY-ST-ZIP PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V&S NAME Conceicao Aguiar STREET ADDRESS 6 Westland Pl. CITY-ST-ZIP Palm Coast, FL 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empower.					
SIGNATURE: CONCEICAO AGUIAR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/21/05 Daytime Phone #: 386-445-6465		