

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000032116

FILED
Sep 19, 2006
Secretary of State**Entity Name:** NEW ENGLAND FAMILY ENTERPRISES CONTRACTING, INC.**Current Principal Place of Business:**3801 N US 1
BUNNELL, FL 32110**New Principal Place of Business:**4601 E. HIGHWAY 100
SUITE I-5
BUNNELL, FL 32110**Current Mailing Address:**6 WESTLAND PL
PALM COAST, FL 32164**New Mailing Address:**4601 E. HIGHWAY 100
SUITE I-5
BUNNELL, FL 32110**FEI Number:** 20-0633864**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AGUIAR, CONCEICAO
6 WESTLAND PLACE
PALM COAST, FL 32164 US**Name and Address of New Registered Agent:**AGUIAR, CONCEICAO
4601 E. HIGHWAY 100
SUITE I-5
BUNNELL, FL 32110 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:

09/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: AGUIAR, CONCEICAO
Address: 6 WESTLAND PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: HOMEN, LEVINA
Address: 6 WESTLAND PL
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: TORRES, MICHELLE
Address: 6 WESTLAND PL
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: AGUIAR, CONCEICAO
Address: 4601 E. HIGHWAY 100, SUITE I-5
City-St-Zip: BUNNELL, FL 32110

Title: V (X) Change () Addition
Name: HOMEN, LEVINA F
Address: 4601 E. HIGHWAY 100, SUITE I-5
City-St-Zip: BUNNELL, FL 32110

Title: T (X) Change () Addition
Name: TORRES, MICHELLE A
Address: 4601 E. HIGHWAY 100, SUITE I-5
City-St-Zip: BUNNELL, FL 32110

Title: S () Change (X) Addition
Name: HOMEN, MARCOS A
Address: 4601 E. HIGHWAY 100, SUITE I-5
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELLE A. TORRES

T

09/19/2006

Electronic Signature of Signing Officer or Director

Date