## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000105720

**Entity Name: NEWEUROPE CORPORATION** 

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
4546 S. SEMORAN BLVD., #549 ORLANDO, FL 328222408	5742 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US
Current Mailing Address:	New Mailing Address:
4546 S. SEMORAN BLVD., #549 ORLANDO, FL 328222408	5742 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US
FEI Number: 55-0876697 FEI Number Applied For ( ) FEI	Number Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
PREMATE, DRAZEN E 4546 S. SEMORAN BLVD., #549 ORLANDO, FL 328222408 US	ORSWELL, ROBERT N 5742 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US
The above named entity submits this statement for the purpos in the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE: ROBERT N ORSWELL	04/27/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:       PSTD () Delete         Name:       PREMATE, DRAZEN E         Address:       4546 S. SEMORAN BLVD., #549         City-St-Zip:       ORLANDO, FL 328222408	Title: PD (X) Change ( ) Addition Name: PREMATE, DRAZEN E Address: 5742 SOUTH SEMORAN BLVD City-St-Zip: ORLANDO, FL 32822 US

Title:

Name:

Address:

City-St-Zip:

Title: () Delete

Name: Address:

City-St-Zip:

Title: () Delete

() Delete

Name: Address

City-St-Zip:

Title: Name: Address: City-St-Zip: Title: VPD Name:

STAFFORD, GARY E Address: 5742 SOUTH SEMORAN BLVD

ORSWELL, ROBERT N

ORLANDO, FL 32822 US

5742 SOUTH SEMORAN BLVD

( ) Change (X) Addition

( ) Change (X) Addition

**VPSD** 

City-St-Zip: ORLANDO, FL 32822 US

Title: ( ) Change (X) Addition WINSCHEL, MARGARET M Name: Address: 5742 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US City-St-Zip:

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: ROBERT N ORSWELL 04/27/2005 D