

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # P04000105720

1. Entity Name  
NEWEUROPE CORPORATION



Principal Place of Business  
6125 S SEMORAN BLVD. STE. 104  
ORLANDO, FL 32822 US

Mailing Address  
6125 S SEMORAN BLVD. STE. 104  
ORLANDO, FL 32822 US



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0876697	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMATE, DRAZEN E  
6125 S SEMORAN BLVD. STE 104  
ORLANDO, FL 32822

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

**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	PD PREMATE, DRAZEN E 6125 S SEMORAN BLVD. STE 104 ORLANDO, FL 32822
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFRED, TRAUTMAN III 6125 S SEMORAN BLVD. STE 104 ORLANDO, FL 32822
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STAFFORD, GARY E 6125 S SEMORAN BLVD. STE 104 ORLANDO, FL 32822
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 an other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRAZEN E. PREMATE

03/21/08 407-282-2375

Date

Daytime Phone #