

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107296

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: NEW DIRECTION MANAGEMENT, INC.

## Current Principal Place of Business:

5240 BANK ST.  
SUITE #2  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

1015 W NEWPORT CENTER DR.  
SUITE #5  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

1015 W NEWPORT CENTER DR.  
SUITE #105  
DEERFIELD BEACH, FL 33442

FEI Number: 20-1392446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALINAS, PEDRO  
1015 W NEWPORT CENTER DR.  
SUITE #5  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

SALINAS, PEDRO  
1015 W NEWPORT CENTER DR.  
SUITE #105  
DEERFIELD BEACH, FL 33442 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: PEDRO SALINAS

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SALINAS, PEDRO  
Address: 1015 W NEWPORT CENTER DR - # 105  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPTD ( ) Delete  
Name: SALINAS, GUSTAVO  
Address: 1015 W NEWPORT CENTER DR SUITE #105  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PEDRO SALINAS

PSD

04/19/2006

Electronic Signature of Signing Officer or Director

Date