



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 036 ***150.00

DOCUMENT # P04000108176 1. Entity Name NEWLAND ASSOCIATES GROUP, INC.					
Principal Place of Business 801 INTERNATIONAL PKWY 5TH FLOOR LAKE MARY, FL 32746			Mailing Address 801 INTERNATIONAL PKWY 5TH FLOOR LAKE MARY, FL 32746		
2. Principal Place of Business 2101 W. SR 434		3. Mailing Address 2101 WSR 434		<div style="font-size: 24px; font-weight: bold;">20044115</div> 	
Suite, Apt. #, etc. SUITE 207		Suite, Apt. #, etc. SUITE 207			
City & State LONGWOOD, FL		City & State LONGWOOD, FL			
Zip 32779		Country USA		05012006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1393024		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MIRTHA V CPA 420 SOUTH COUNTRY CLUB ROAD LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name CESAR TORO Street Address (P.O. Box Number is Not Acceptable) 5041 STONEBARK COVE City SANFORD FL Zip Code 32771	
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 <u>CESAR TORO</u> DATE <u>5/1/06</u> <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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWLAND, ROBERT <input type="checkbox"/> Delete 801 INTERNATIONAL PARKWAY, 5TH FLOOR LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 WSR 434 SUITE 207 LONGWOOD FL 32779	
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	
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	
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 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 all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/1/06</u> Daytime Phone # <u>407-771-4141</u>		