2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006
Secretary of State

DOCUMENT# P04000150240

Entity Name: NEW BEGINNINGS REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2497 NW 83RD WAY
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2497 NW 83RD WAY
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 20-1833687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANNELLY & COMPANY, P.A.
2717 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

DANNELLY & COMPANY, P.A.
5440 NW 33RD AVENUE
SUITE 103
FORT LAUDERDALE, FL 33309 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: SEAN DANNELLY, CPA 08/14/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMOS, DONNA
Address: 2497 NW 83RD WAY
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: ST ( ) Delete
Name: GARDNER, ZEBULON
Address: 2888 SW 19TH PLACE, APT. A
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: SAFDIA, STEVE
Address: 4825 NW 57TH LANE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DONNA RAMOS P 08/14/2006
Electronic Signature of Signing Officer or Director Date