

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90327 035 \*\*\*150.00

20061100



<b>DOCUMENT # P05000078424</b> 1. Entity Name <b>NEUCAPITAL INVESTMENTS, INC.</b>																													
Principal Place of Business <b>3455 COUNTRY SIDE BLVD #104 CLEARWATER, FL 33761</b>			Mailing Address <b>3455 COUNTRY SIDE BLVD #104 CLEARWATER, FL 33761</b>																										
2. Principal Place of Business <b>4939 FLORAMAR TERRACE</b>		3. Mailing Address <b>4939 FLORAMAR TERRACE</b>																											
Suite, Apt. #, etc. <b># 802</b>		Suite, Apt. #, etc. <b># 802</b>																											
City & State <b>NEW PORT RICHEY FL</b>		City & State <b>NEW PORT RICHEY FL</b>																											
Zip <b>34652</b>		Country <b>U.S.</b>		4. FEI Number <b>S62516929</b>																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>NEUBAUER, SCOTT 3455 COUNTRY SIDE BLVD #104 CLEARWATER, FL 33761</b>			7. Name and Address of New Registered Agent Name <b>SCOTT NEUBAUER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4939 FLORAMAR TERRACE # 802</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34652</b>																										
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: <span style="float: right;">4/6/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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:				4/6/06 <span style="float: right;">727-744-3744</span> <small>Date Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													