

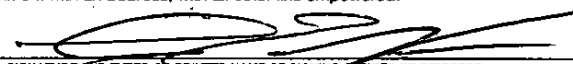


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 024 \*\*\*158.75

<b>DOCUMENT # P05000107980</b> 1. Entity Name <b>NEW CASTLES ENTERPRISES INC. OF SOUTH FLORIDA</b>					
Principal Place of Business <b>19136 DAWNWOOD COURT JUPITER, FL 33458</b>			Mailing Address <b>19136 DAWNWOOD COURT JUPITER, FL 33458</b>		
2. Principal Place of Business <b>7102 SE Quincy Terr</b>		3. Mailing Address <b>7102 SE Quincy Terr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hobe Sound fl</b>		City & State <b>Hobe Sound fl</b>		4. FEI Number <b>542180589</b>	
Zip <b>33455</b>		Country <b>MARTIN</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>NEU, CHARLES 19136 DAWNWOOD COURT JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>Charles NEU</b> Street Address (P.O. Box Number is Not Acceptable) <b>7102 SE Quincy Terr</b> City <b>Hobe Sound</b> <b>FL</b> Zip Code <b>33455</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  DATE <b>1-30-06</b> <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 <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>NEU, CHARLES</b> <input checked="" type="checkbox"/> Delete <b>19136 DAWNWOOD COURT JUPITER, FL 33458</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Charles NEU</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7102 SE Quincy Terr Hobe Sound, fl 33455</b>	
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: 			Date <b>1-30-06</b> Daytime Phone # <b>561 2624547</b>		