2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P06000063382

Entity Name: NEW FORMATION, INC.

Current Principal Place of Business:

1716 HARPER STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1716 HARPER STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-4838854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: CHRISTIAN M. COX, VP 04/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition
Name: O'KEEFE, MICHAEL G
Address: 217 BURGHLEY AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DV ( ) Change (X) Addition
Name: O'KEEFE, MICHAEL C
Address: 217 BURGHLEY AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DST ( ) Change (X) Addition
Name: O'KEEFE, AMY L
Address: 217 BURGHLEY AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MICHAEL G. O'KEEFE DP 04/20/2007
Electronic Signature of Signing Officer or Director Date