2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED MARK OF EXCHANGE

SIGNATURE: _

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # P07000049287** 03-14-2008 90027 023 ***150.00 1. Entity Name NEW FRONTIERS TECHNOLOGY, INC. Principal Place of Business Mailing Address 1802 SW BUTTERCUP AVE 660 NW BUCK HENDRY WAY 00000000 STUART, FL 34994 PORT ST LUCIE, FL 34953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1802 SW BUTTERCUP AVE PORT ST LUCIE, FL 34953 City Zip Code FL 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 Squaure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen; tigheture required when revisitating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fee! OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TILLE ☐ Change ☐ Addition ROMEO, MICHAEL C NAME NAME STREET ADDRESS 1802 SW BUTTERCUP AVE STREET ADDRESS PORT ST LUCIE, FL 34953 CITY-ST-ZIP CITY-SI-ZIP ☐ Change TITLE ☐ Celete ☐ Addition TITLE BEJA, RAYMOND MALLE MALE STREET ADDRESS PO BOX 1032 STREET ADDRESS PORT SALERNO, FL 34992 CITY-SI-ZIP CITY-SI-7IP Delete Change ШÆ TILLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete 11111 Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7IP mle ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP Change MILE Delete TITLE ☐ Addition KAME NAME STREET ACCRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cartify 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 15 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED