2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # P07000129187 1. Entity Name 08-25-2008 90002 014 ***150.00 NEW WORLD ENCLOSURES, INC. Principal Place of Business Mailing Address 1350 RIVIERA DRIVE GREEN COVE SPRINGS FL 32043 1350 RIVIERA DRIVE GREEN COVE SPRINGS FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State 4,_FEI Number Applied For City & State 26-1585492 Not Applicable Ζiρ Country Zip 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 SERRENTINO, WENDY Street Address (P.O. Box Number is Not Acceptable) 1350 RIVIERA DRIVE **GREEN COVE SPRINGS FL 32043** Zip Code City 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 Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150,00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change SERRENTINO, JOHN STREET ADDRESS 1350 RIVIERA DRIVE STREET ADORESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ПΠЕ Addition NAME SERRENTINO, WENDY NAME STREET ADDRESS 1350 RIVIERA DRIVE STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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