

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076531

Entity Name: NEW DAY MANAGEMENT, INC.

FILED
May 18, 2009
Secretary of State

Current Principal Place of Business:

10345 MEDICIS PLACE
WELLINGTON, FL 33449

New Principal Place of Business:

11795 OSPREY POINT CIRCLE
WELLINGTON, FL 33449 US

Current Mailing Address:

10345 MEDICIS PLACE
WELLINGTON, FL 33449

New Mailing Address:

11795 OSPREY POINT CIRCLE
WELLINGTON, FL 33449 US

FEI Number: 26-4470941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLINE, JAMEEL
10345 MEDICIS PLACE
WELLINGTON, FL 33449 US

Name and Address of New Registered Agent:

MCCLINE, JAMEEL
11795 OSPREY POINT CIRCLE
WELLINGTON, FL 33449 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:

05/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MCCLINE, JAMEEL
Address: 10345 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33449

Title: VP (X) Delete
Name: MCCLINE, JAMEEL
Address: 10345 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCLINE, JAMEEL
Address: 11795 OSPREY POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33449 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMEEL MCCLINE

PRES

05/18/2009

Electronic Signature of Signing Officer or Director

Date