

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086885

FILED
Jun 02, 2009
Secretary of State

Entity Name: NEW DAWN RECOVERY PROGRAMS INC.

Current Principal Place of Business:

3325 PERIMETER DR
GREENACRES, FL 33467

New Principal Place of Business:

2500 QUANTUM LAKES DRIVE
100
BOYNTON BEACH, FL 33426

Current Mailing Address:

3325 PERIMETER DR
GREENACRES, FL 33467

New Mailing Address:

P. O. BOX
LAKE WORTH, FL 33466

FEI Number: 26-3353634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITONE, ANTHONY J
7471 W OAKLAND PARK BLVD SUITE 110
FT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

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:

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: PT () Delete
Name: ARCIOLA, MICHAEL R
Address: 3325 PERIMETER DR
City-St-Zip: GREENACRES, FL 33467

Title: VPS () Delete
Name: TARTAGLIO, MASSIMO
Address: 3325 PERIMETER DR
City-St-Zip: GREENACRES, FL 33467

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: TARTAGLIO, MASSIMO
Address: 472 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DIR () Change (X) Addition
Name: TUSA, ROBERTA
Address: 472 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

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: MICHAEL ARCIOLA

PRES

06/02/2009

Electronic Signature of Signing Officer or Director

Date