## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Name NEW JERSEY NEWSDEALERS HOLDING CORPORATION					F	FILED	
				/	06 AUG	21 PM 12: 52	
Principal Place of Business Mailing Address  1 EXECUTIVE DR PO BOX 6688					SECIRETA	EY OF STATE SEE, FLORIDA	
STE 151 SOMERSET, NJ 08875-6688 SOMERSET, NJ 08873 US			6688 US		JALLAI	MEE, FLONDA	
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08102006	Chg-P	CR2E034 (11/05)	J
City & State		City & State		4. FEI Numbe 22-2240	FEI Number         Applied For           22-2240009         Not Applicable		
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New	Registered Agent	
BRUNJES, ROBERT				Name ARTHUR GELFAND			
2105 NW 102ND AVE MIAMI, FL 33172				Street Address (P.O. Box Number is Not Acceptable)			
				2105 NW 102 ND AVE			
9 The above		for the guiness of shanging its re		Miami	b in the State of F	<u> </u>	72.
8. The above named entity symmits 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 buggeted name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when renstiting)  [DATE]							
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AN	ID DIRECTORS  Delete	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR  Change	Addition
NAME	GELFAND, ARTHUR	Descrie	NAME	E-1	CICIO TAC		
STREET ADDRESS CITY-ST-ZIP	111 CLARK ROAD BERNARDSVILLE, NJ		STREET ADDRESS CITY-ST-ZIP	08/2	<b>00079</b> 3/060103	34008 **61	.25
TITLE NAME	SD GELFAND, WILMA	☐ Delete	TITLE NAME	Rola	~	☐ Change	Addition
STREET ADDRESS	111 CLARK ROAD		STREET ADDRESS	10/2/2			
TITLE	BERNARDSVILLE, NJ	Delete	CTTY-ST-ZIP			Change	☐ Addition
NAME		_ book	NAME				
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE NAME		☐ Detete	TITLE NAME			☐ Change	☐ Addition
STREET ADORESS			STREET ADORESS				
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE		<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY+ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
12. I hereby	certify that the information supplied y	ith this filing does not qualify for	the exemptions contain	ned 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 andress, with all other like empowered.							
SIGNATURE: 732 46 9 8 484							
SIGNATURE:							

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