2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 31, 2008 08:00 AN Secretary of State **DOCUMENT # P93000035139** 1. Entity Name NEW ENGLAND HOLDINGS, INC. Principal Place of Business Mailing Address 5141 NASH TRAIL 5141 NASH TRAIL LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 US 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0409637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPE, AARON DO NOT WRITE 5141 NASH TRAIL LAKE WORTH, FL 33463 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 Fees 04/11/08-80054-012 150.00 10. OFFICERS AND DIRECTORS TITLE POPE, AARON NAME STREET ADDRESS 5141 NASH TRAIL CITY-ST-ZIP LAKE WORTH, FL. 33463 TITLE POPE, FRANCIS STREET ADDRESS 5141 NASH TRAIL CITY-ST-7IP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TUTLE NAME

12. 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP