

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90309 042 \*\*\*150.00

DOCUMENT # P94000004523

1. Entity Name  
 NEW MANAGEMENT, INC.



Principal Place of Business: 402 UNIVERSITY BLVD #3 DAYTONA BEACH, FL 32118  
 Mailing Address: 402 UNIVERSITY BLVD #3 #1 DAYTONA BEACH, FL 32118



2. Principal Place of Business: Suite, Apt. #, etc. #1  
 3. Mailing Address: Suite, Apt. #, etc. #1

01122005 Chg-P CR2E034 (10/03)

City & State: City & State

4. FEI Number: 59-3219428  
 Applied For: Not Applicable

Zip: Country Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MORRONE, ANTHONY  
 402 UNIVERSITY BLVD #3  
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 #1  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: MORRONE, ANTHONY	
STREET ADDRESS: 402 UNIVERSITY BLVD 33	
CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE: VP	<input type="checkbox"/> Delete
NAME: COX, F. NOEL	
STREET ADDRESS: 402 UNIVERSITY BLVD 33	
CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 402 University Blvd #1	
CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 402 University Blvd #1	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: S Nolin, Maria	
STREET ADDRESS: 402 University Blvd #1	
CITY-ST-ZIP: Daytona Beach, FL 32118	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony Morrone  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05  
 Date Daytime Phone #