

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90353 045 ***158.75

DOCUMENT # P94000004523



1. Entity Name
NEW MANAGEMENT, INC.

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

400000



Principal Place of Business: **206 1/2 Sebring Blvd.**
 Mailing Address: **1118 Jacaranda Ave**

01312008 Chg-P CR2E034 (11/05)

City & State: **Daytona Beach FL**
 City & State: **Daytona Beach FL**
 Zip: **32118** Country: **USA**

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

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

6. Name and Address of Current Registered Agent
MORRONE, ANTHONY
402 UNIVERSITY BLVD #1
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **1118 Jacaranda Ave**
 City: **Daytona Beach** FL Zip Code: **32118**

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: *Anthony Morrone* **Anthony Morrone, President** 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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, # 1	
CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE: VP	<input checked="" type="checkbox"/> Delete
NAME: COX, F. NOEL	
STREET ADDRESS: 402 UNIVERSITY BLVD, # 1	
CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE: S	<input type="checkbox"/> Delete
NAME: NOLIN, MARIA	
STREET ADDRESS: 402 UNIVERSITY BLVD, # 1	
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 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: _____	
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 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.

Anthony Morrone **Anthony Morrone** 04/12/06