2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P95000020577

Entity Name: NEW FRONTIER CAMPFIRES, INC.

Current Principal Place of Business:

637 THIRD AVENUE
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

PO BOX 36
WELAKA, FL 32193

New Mailing Address:

FEI Number: 59-3302868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODLIEF, MITCHEL E
225 CHURCH STREET
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: HOUSEMAN, ROSE V
Address: 109 S LAKE GEORGE DRIVE
City-St-Zip: GEORGETOWN, FL 32139

Title: P ( ) Delete
Name: HOUSEMAN, ANDREW A
Address: 109 S LAKE GEORGE DRIVE
City-St-Zip: GEORGETOWN, FL 32139

Title: D ( ) Delete
Name: BRANCH, TERRY J
Address: 104 CLOVER COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: DANDRIDGE, CONNIE D
Address: 1665 EAST ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANDREW A HOUSEMAN P 02/23/2009

Electronic Signature of Signing Officer or Director Date