

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90409 008 ***150.00

DOCUMENT # P95000022077

1. Entity Name
NEW ENGLAND AVENUE DEVELOPMENT COMPANY



Principal Place of Business
**533 W NEW ENGLAND
SUITE C
WINTER PARK, FL 32789 US**

Mailing Address
**PO BOX 350
WINTER PARK, FL 32790-0350 US**

40059519



2. Principal Place of Business		3. Mailing Address		03072006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		59-3303282	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELLOWS, DANIEL B. 533 W NEW ENGLAND AVE SUITE C WINTER PARK, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) 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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, STEVEN R	NAME	
STREET ADDRESS	631 W MORSE BLVD, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOWS, DANIEL B	NAME	
STREET ADDRESS	P.O. BOX 350	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 327900350	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOWS, DANIEL B	NAME	
STREET ADDRESS	PO BOX 350	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 327900350	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Daniel B Bellows VP 4-8-06 407-644-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #