2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000007572

1. Entity Name
NEW FRONTIER VENTURES, INC.

FILED

2007 SEP 10 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08142007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3800 COLONIAL BLVD. SUITE 100 FORT MYERS, FL 33912 US	P.O. BOX 1118 FORT MYERS, FL 33912 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2022 HENDRY ST	PO Box 1118
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33901 Country: USA	Zip: 33902 Country: USA

4. FEI Number: 65-0668097 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGALLS, JERRY 3934 HIDDEN ACRES CIRCLE SOUTH FORT MYERS, FL 33903	Name: JONATHAN D CONANT, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2022 HENDRY ST City: Ft Myers FL Zip Code: 33902

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: _____ 9/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGALLS, JERRY P.O. BOX 1118 FORT MYERS, FL 33902	☐ Delete	Director Philip Bramley PO Box 1118 Ft Myers, FL 33902	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Gerhard Powell PO Box 1118 Ft Myers, FL 33902	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400109367104 09/12/07--01025--017 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 9/5/07 239-656-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #