2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2008 8:00 am Secretary of State DOCUMENT # P96000007572 03-19-2008 90028 001 ***150.00 NEW FRONTIER VENTURES, INC. Principal Place of Business Mailing Address P.O. BOX 1118 FORT MYERS FL 33901 2022 HENDRY ST FORT MYERS FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0668097 Not Applicable Zφ Couriery Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONANT, JONATHAN D ESQ 2022 HENDRY ST Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 City 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 Signature, typed or preced warso of registered agent and site. I applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE ☐ Change MAME BRAMLEY, PHILIP NAME STREET ADDRESS P.O. BOX 1118 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33902 CITY-ST-ZIP i Delete Presinent TITLE **L**Addition TITLE ☐ Change Jeiry W. BUSTY INGAILS NAME POWELL, GERHARD HAME 9111 ×06 39 STREET ADDRESS PO BOX 1118 STREET ADDRESS FT MYOR, FL City-St-ZIP FORT MYERS FL 33902 CITY-ST-ZIP 33902 Delete ☐ Change ☐ Addition MAINE -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Dalete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental populy true and accurate and that ny signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the eceive or truyted 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:

FILED