2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000008963

1. Entity Name

NEW ENGLAND DESIGN, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

14324 PADDOCK DRIVE WELLINGTON, FL 33414

14324 PADDOCK DRIVE WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0636569 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILIBERTI, MARGARET 14324 PADDOCK DRIVE WELLINGTON, FL 33414 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and little in	f applicable. (NOTE: Registered a	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILIBERTI, MARGARET E 14324 PADDOCK DR WELLINGTON, FL 33414				U00000721988
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/02/07-80013-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. IN	THIS SPACE
TITLE NAME STREET ADDRESS					

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 accurage 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: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED BASE OF SIGNING OFFICER OR DIRECTOR

4/19/0 56/753 695