

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 28, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000034735**

1. Entity Name  
**NEWCASTER DEVCORP, INC.**



Principal Place of Business  
**203 WATERFORD WAY  
SUITE 800  
MIAMI, FL 33126**

Mailing Address  
**203 WATERFORD WAY  
SUITE 800  
MIAMI, FL 33126**



06202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0664764**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PITTS, W D  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COURTELIS, KIKI L  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KURPS, JAMES  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PRIDGEN, DOUGLAS  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
VASSILAROS, ELIAS  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PITTS, DOUGLAS W  
703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000766705  
06/28/07-80001-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/28/07 305-261-4330**  
Date Daytime Phone

**DOUGLAS W. PITTS, TREASURER**