2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P96000084831

Entity Name: NEW CONCEPT ASSOCIATES, INC.

Current Principal Place of Business:

824 VIA DEL SOL DRIVE
DAVENPORT, FL 33896 US

New Principal Place of Business:

4904 GLEN COE STREET
LEESBURG, FL 34748 US

Current Mailing Address:

824 VIA DEL SOL DRIVE
DAVENPORT, FL 33896 US

New Mailing Address:

4904 GLEN COE STREET
LEESBURG, FL 34748 US

FEI Number: 59-3412895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, CLYDE D
824 VIA DEL SOL DRIVE
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

BARBER, LORRAINE E
4904 GLEN COE STREET
LEESBURG, FL 34748 US

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.

SIGNATURE: LORRAINE E. BARBER 08/30/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASON, CLYDE D
Address: 824 VIA DEL SOL DRIVE
City-St-Zip: DAVENPORT, FL 33896

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASON, CLYDE D
Address: 4904 GLEN COE STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: D ( ) Change (X) Addition
Name: BARBER, LORRAINE E
Address: 4904 GLEN COE STREET
City-St-Zip: LEESBURG, FL 34748 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE E. BARBER D 08/30/2005
Electronic Signature of Signing Officer or Director Date