## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # P97000098174 1. Entity Name NEW START, INC. Principal Place of Business Mailing Address 917 N LOXAHATCHEE DRIVE 917 N LOXAHATCHEE DRIVE JUPITER, FL 33458 JUPITER, FL 33458 CR2E034 (11/05) 04022007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0810327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUCKKU, JOHN DO NOT WRITE 917 LOXAHATCHEE DR JUPITER, FL 33458 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME KUCKKU, JOHN STREET ADDRESS 917 N LOXAHATCHEE DR U00000690196 CITY-ST-ZIP JUPITER, FL 33458 04/11/07-80066-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of 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 op an attachment with any address, with all other like empowered.

BUN KUCKKU

NAME STREET ADDRESS CITY-ST-7IP TITI F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: