## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P98000035133

FILED Apr 12, 2007 Secretary of State

Entity Name: NEWDAWN INTEGRATED TECHNOLOGIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	EECHOBEE BI ALM BEACH, F			
Current Mailing Address:		New Mailing Address:		
	EECHOBEE BI ALM BEACH, F			
El Number	: 65-0824333	FEI Number Applied For()	FEI Number Not Appl	cable ( ) Certificate of Status Desired ( )
lame and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
	ST LN N ALM BEACH, F		ourpose of changing it	s registered office or registered agent, or both
HE above	: nameu enury :			
	e of Florida.			
n the State	e of Florida. RE:			
the State	e of Florida. RE:	iic Signature of Registered Age		Date
n the State	e of Florida. RE:	nic Signature of Registered Age	ent	
n the State  BIGNATUI  DFFICER:  itte: lame: ddress:	e of Florida.  RE:	nic Signature of Registered Age TORS:  Delete ANDOLPH	ent	Date
DFFICERS  ittle: ame: ddress: itty-St-Zip: ittle: ame: ddress:	e of Florida.  RE: Electron  S AND DIREC  PT () SIMMONDS, RA 12273 61ST LN ROYAL PALM E	TORS: Delete ANDOLPH IN BEACH, FL 33412 Delete CIE STREET	ent  ADDITION  Title:  Name:  Address:	Date S/CHANGES TO OFFICERS AND DIRECTO
n the State	e of Florida.  RE: Electron  S AND DIREC  PT () SIMMONDS, RA 12273 61ST LN ROYAL PALM E  VS () NEVILLE, SHEI 12925 SW 189 MIAMI, FL 333  CFO () HYACINTH, BLI 12229 61 LN N	TORS: Delete ANDOLPH IN BEACH, FL 33412 Delete LIE STREET 777 Delete SSETT	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  S/CHANGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RANDOLPH SIMMONDS PT 04/12/2007