2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035133

Title:

Name: Address:

City-St-Zip:

SEC

AVA, ANDREWS P

12273 61 LN N

() Delete

ROYAL PALM BEACH, FL 33412

Entity Name: NEWDAWN INTEGRATED TECHNOLOGIES, INC.

FILED May 28, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11440 OKEECHOBEE BLVD			11440 OKEECHOBEE BLVD			
ROYAL PALM BEACH, FL 33410				210B ROYAL PALM BEACH, FL 33411		
Current Mailing Address:				New Mailing Address:		
11440 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33412				11440 OKEECHOBEE BLVD		
				210B ROYAL PALM BEACH, FL 33411		
FEI Number:	65-0824333	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANDREWS, AVA P 12273 61ST LN N ROYAL PALM BEACH, FL 33412 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:						
Electronic Signature of Registered Agent					Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () D SIMMONDS, RAN 12273 61ST LN N ROYAL PALM BE	l		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () D NEVILLE, SHELLI 12925 SW 189 S MIAMI, FL 33377	TREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () D HYACINTH, BLISS 12229 61 LN N ROYAL PALM BE			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RANDOLPH SIMMONDS PT 05/28/2008

() Change () Addition