2006 FOR PROFIT CORPORATION

FILED Apr 24, 2006 08:00 AM

	ANNUAL	REPORT	<u> </u>	Secretary of State
DOCUMENT # P99000006943				Secretary of State
1. Entity Name NEXT GENERATION HOLDINGS, INC.				
Principal Plac	e of Business	Mailing Address		
C/O MARC SL	LOANE	C/O MARC SLOANE		
275 MADISO		275 MADISON AVE.		
NEW YORK, N	NY 10016	NEW YORK, NY 10016		3 (\$40)(\$40) 150 (\$40)(\$ (\$5)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$ \$40)(\$
_				03212008 No Chg-P CRZE034 (11/05)
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
				01-0617329 Not Applicable 5. Certilicate of Status Desired \$8.75 Additional
	6. Name and Address of Current I	Registered Agent	<u> </u>	Fee Required
MEMAG	ENTS INC			50 1107 1110177
M & W AGENTS, INC. 2101 CORPORATE BLVD, STE 107				DO NOT WRITE
BOCA RA	TON, FL 33431	–		IN THIS SPACE
8. The above the obligat	r named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	not title if south abla ANGTE Remeter	ed Agenc signature require	d when retristating) DATE
	agnature, typed or printed harre or registered agent a	THE RESIDENCE THE PROPERTY OF	en water adustria rednite	a white remissating) DATE
	.E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution.		6.00 May Be ded to Fees
t0.	OFFICERS AND	DIRECTORS	1	
TITLE	P			
NAME	FREEDMAN, MARLENE	FOOT MODELLE		
STREET AODRESS CITY-S7-ZIP	1901 S. ROOSEVELT BLVD. APT KEY WEST, FL 33040	. 301, NORTHH	j	
III/E	s		-	
NAME	SIGODA, HOWARD			U0000US28519
STREET ADDRESS	2493 BAY ISLE DRIVE	–		05/05/06-80041-018 150.00
CITY-ST- DP	WESTON HILLS, FL 33327		-}	
TITLE NAME	}		ŧ.	
STREET ADDRESS			1	no hor hinte
CITY-SI-7IP			l	DO NOT WRITE
TITLE			1	IN THIS SPACE
NAME				IN THIS STAGE
STREET ADDRESS City-St-Zip	-		1	
Site			-{	
MARK	{		1	
STREET ADDRESS				
CHY-ST-ZIP			1	
TITLE	})	
NAME	{		I	
STREET ADDRESS			1	
City-SI-ZIP	Cordify that the information supplied with	this filing does not quality for the or	Campliana contain-	d in Chanter 410 Storida Storigan Sudher cardif, that the information
indicated	d on this report or supplemental report is	true and accurate and that my signa	adi aved Bede arule	d in Chapter 119, Florida Starutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director. 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed	, or on an attachment with an address, v	with all other like empowered.		1 /
SIGNAT	TURE: Marken	Freedma	n	4/19/06 305-294-097