

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000043141</b> 1. Entity Name NORTHEAST RENAISSANCE HOLDINGS, INC.	
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Principal Place of Business 4707 N.W. 53RD AVE. STE. A GAINESVILLE, FL 32606	Mailing Address 4707 N.W. 53RD AVE. STE. A GAINESVILLE, FL 32606
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08 MAR 19 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3574725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  JENNINGS, EDWARD JR. 4707 N.W. 53RD AVE. STE. A GAINESVILLE, FL 32606
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	700121429347 03/27/08--01007--026 **\$50.00
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10. OFFICERS AND DIRECTORS	
TITLE	PVTS
NAME	JENNINGS, EDWARD L JR.
STREET ADDRESS	4707 NW 53 AVENUE SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 03/19/08	Daytime Phone #: 352-377-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #