

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000061520</b> 1. Entity Name <b>NEW BEARINGS, INC.</b>					
Principal Place of Business <b>1060 WEST 46 STREET HIALEAH, FL 33012</b>			Mailing Address <b>1060 WEST 46 STREET HIALEAH, FL 33012</b>		
2. Principal Place of Business - No P.O. Box # <b>1790 WEST 49TH STREET</b> Suite, Apt. #, etc. <b>Suite 201</b>		3. Mailing Address <b>2710 DEL PRADO BLVD #2</b> Suite, Apt. #, etc. <b>PMB-208</b>			
City & State <b>HIALEAH, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>65-0934763</b>	
Zip <b>33012</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33904</b>		Country <b>U.S.A.</b>		60502007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>GARAY, MIGUEL M 524 W ARCHER PKWY HIALEAH, FL 33014</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>GARAY, MIGUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>524 W. ARCHER PKWY</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>		
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 <b>GARAY MIGUEL</b> <small>Signature, typed or printed name of registered agent and not acceptable.</small>			DATE <b>06-07-2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, MIGUEL M 524 W. ARCHER PKWY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GARAY, MIGUEL 524 W. ARCHER PKWY CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, LAZARO J 524 W. ARCHER PKWY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY LAZARO, J 1456 S.E. 14TH TERRACE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, MIGUEL J 3604 OASIS BLVD CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, FRANCISCO J 1060 W.46TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, FRANCISCO J 1060 W 46TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700104674737 06/21/07--01048--022 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, FRANCISCO J 1060 W 46TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700104674737 06/21/07--01048--023 **\$8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, FRANCISCO J 1060 W 46TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700104674737 06/21/07--01048--024 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			<b>MIGUEL GARAY</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			06-07-2007 (239) 458-2340 <small>Date Daytime Phone #</small>		

FILED  
07 JUN 13 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

