


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 006 ***150.00

DOCUMENT # P99000097215

1. Entity Name
NEW CENTURY SERVICES OF USA INC.




Principal Place of Business Mailing Address
P O BOX 16641 **P O BOX 16641**
CLEARWATER, FL 33766 **CLEARWATER, FL 33766**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
P.O. BOX 20693 **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ST. PETERSBURG, FL

Zip Country Zip Country
33742



01082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
55-3606023 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SNIZEVICIUS, RIMANTAS	
STREET ADDRESS	P O BOX 16641	
CITY-ST-ZIP	CLEARWATER, FL 33766	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIBITYTE, EDITA	
STREET ADDRESS	POB 16641	
CITY-ST-ZIP	CLEARWATER, FL 33766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 20693	
CITY-ST-ZIP	ST. PETERSBURG, FL 33742	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 20693	
CITY-ST-ZIP	ST. PETERSBURG, FL 33742	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **RIMANTAS SNIZEVICIUS** **4/07/07** **727-415-5533**
 PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #