
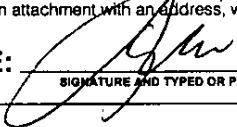


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90022 009 ***150.00

DOCUMENT # P99000097215			
1. Entity Name NEW CENTURY SERVICES OF USA INC.			
Principal Place of Business P O BOX 20693 SAINT PETERSBURG, FL 33742		Mailing Address P O BOX 16641 CLEARWATER, FL 33766	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 20693	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. PETERSBURG	
Zip	Country	Zip 33742	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIZEVICIUS, RIMANTAS	NAME	
STREET ADDRESS	PO BOX 20693	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33742	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBITYTE, EDITA	NAME	
STREET ADDRESS	PO BOX 20693	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33742	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerd.			
SIGNATURE: 		RIMANTAS SNIZEVICIUS PRES. 3/21/08 727-415-5533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 55-3606023 Applied For Not Applicable

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