## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # P99000107881** 1. Entity Name **NEW CENTURY M. CORPORATION** Principal Place of Business Mailing Address 4270 ALOMA AVE., SUITE 108 4270 ALOMA AVE., SUITE 108 WINTER PARK, FL 32792 WINTER PARK, FL 32792 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3611856 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARK, CHUN W 4270 ALOMA AVE., SUITE 108 WINTER PARK, FL 32792 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARK CHUNW NAME STREET ADDRESS 4270 ALOMA AVE., SUITE 108 CITY-ST-ZIP WINTER PARK, FL 32792

CTTY-ST-ZIP WINTER PARK, FL 32792 MUI, CHI HANG STREET ADDRESS 4270 ALOMA AVE., SUITE 108 DO NOT WRITE CITY-ST-ZP WINTER PARK, FL 32792 IN THIS SPACE XUEMEI, MARK

12. I hereby certify that the information supplied with this filling 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:** 

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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NG. WING K

4270 ALOMA AVE., SUITE 108

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WINTER PARK, FL 32792

414108 (407)673-3320

Applied For

Not Applicable