## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

ANNOAL REFORT										<b>-</b> J	OI DI	
DOCUMENT # S90863  1. Entity Name NEW WORLD VENTURE OF NORTHWEST FLORIDA, INC.									03-03-2006	5 90098	023 ***15	50.00
Principal Place of Business 600 S PALAFOX STREET PENSACOLA, FL 32501			60	Mailing Address 600 S PALAFOX STREET PENSACOLA, FL 32501						B18(1 B1511 B		
2. Principal Place of Susiness			3. M	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02202006	Chg-P	CR2E	034.(11/05)	
City & State			Ci	Cily & State				4. FEI Number         Applied For           59-3089764         Not Applicable				
Zip	Country			p	Coun	5. Certificate of Status			f Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Currer	t Registe	red Agent		7. Name and Address of New Registered Agent						
MCGRAW, ARTICE L. 817 NORTH PALAFOX STREET						Name Street Ac	ddress (F	P.O. Box Number	is Not Acceptable	:)		
PENSACO								·				
	• _ ~_		1 .	. Cit						Fl	Zip Code	<b>)</b>
8. Trie 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.											and accept	
SIGNATURE	Signature, typno	or printed name of registered age	d Agent signaru	re required	which reinstating)		DAT∓		· <u>·····</u> ·			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				Election Campaign Finance     Trust Fund Contribution.			<b>\$5.</b> Add	00 May Be ed to Fees				
10.		OFFICERS AN	D DIRECT	ORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY ST-ZIP	1964 TAT	, JAMES H. E ROAD MENT, FL 32533		□ Defete		1					☐ Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	600 S. PA	S, GINGER ALAFOX STREET OLA, FL 32501		☐ Delete	1	ļ					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 S. PA	, DELORES ALAFOX STREET OLA, FL 32501	•	☐ Delete					•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST ZIP				☐ Delete		1					☐ Change	Addition
NAME STREET ADDRESS			•	Delete	1	FFT ADDRESS	. ,		, * 45. wst.	* jugane te	Change	☐ Addition
CITY: ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	gregoria de la companyo della companyo de la compan	# 1 . rjanne	il e Mag Pagasad.	+	'-ST-ZIP'	10		Lawter - Services	tig de	*	<u>.: (</u>
TITLE NAME	S	ر در دو الانسطواف المراجع الانسطواف	رد و - - معید مصر	Delete	THL ichil NAM	E MESTERS		of Kalendaria	And the same	esta in in in In the second	Change	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.

STREE! ADDRESS CHY-S1-ZIP

SIGNATURE:

STREET ADDRESS

011Y-\$1-7tP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

228-06 Date

850-432-4111