


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90244 038 ***150.00

DOCUMENT # V54715 1. Entity Name WORLD NEW BEGINNINGS, INC.					
Principal Place of Business 613 ARMENIA DRIVE PENSACOLA, FL 32505 US			Mailing Address 613 ARMENIA DRIVE PENSACOLA, FL 32505 US		
2. Principal Place of Business 909 WILLIAMS DITCH RD Suite, Apt. #, etc.		3. Mailing Address 909 WILLIAMS DITCH RD Suite, Apt. #, etc.			
City & State CANTONMENT FL		City & State CANTONMENT FL		4. FEI Number 59-3145645	
Zip 32533		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIS, SHARON B 613 ARMENIA DRIVE PENSACOLA, FL 32505				7. Name and Address of New Registered Agent Name SHARON B HOLLIS Street Address (P.O. Box Number is Not Acceptable) 909 WILLIAMS DITCH RD City CANTONMENT FL Zip Code 32533	
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 <u><i>Sh B Hollis</i></u> DATE <u><i>5/1/06</i></u> <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, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLIS, SHARON B 613 ARMENIA DR. PENSACOLA, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SHARON B HOLLIS 909 WILLIAMS DITCH RD CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>Sh B Hollis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>5/1/06</i></u> Daytime Phone # <u><i>850 937 4642</i></u>		