


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 043 ***150.00

DOCUMENT # V54715 1. Entity Name WORLD NEW BEGINNINGS, INC.																											
Principal Place of Business 909 WILLIAMS PITCH RD CANTONMENT, FL 32533 US		Mailing Address 909 WILLIAMS PITCH RD CANTONMENT, FL 32533 US																									
2. Principal Place of Business - No P.O. Box # 909 WILLIAMS DITCH RD Suite, Apt. #, etc.		3. Mailing Address 909 WILLIAMS DITCH RD Suite, Apt. #, etc.																									
City & State CANTONMENT FL Zip 32533		City & State CANTONMENT FL Zip 32533																									
Country ESCAMBIA		Country ESCAMBIA																									
6. Name and Address of Current Registered Agent HOLLIS, SHARON B 909 WILLIAMS PITCH RD CANTONMENT, FL 32533		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>Sharon B Hollis</i></u> DATE: <u>5/1/07</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, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLIS, SHARON B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>909 WILLIAMS PITCH RD</td> <td></td> </tr> <tr> <td></td> <td>CANTONMENT, FL 32533</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	HOLLIS, SHARON B		CITY-ST-ZIP	909 WILLIAMS PITCH RD			CANTONMENT, FL 32533		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHARON B HOLLIS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>909 WILLIAMS DITCH RD</td> <td></td> </tr> <tr> <td></td> <td>CANTONMENT FL 32533</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	SHARON B HOLLIS		CITY-ST-ZIP	909 WILLIAMS DITCH RD			CANTONMENT FL 32533	
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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>Sharon B Hollis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/1/07</u> Daytime Phone #: <u>850 937 4642</u>																									