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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00322 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Peter A List Title Title Founder & CEO Organization Kulture Consulting, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, No. 301 Street City City West Caldwell State New Jersey ZIP Code + 4 07006 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Corporation d.X Other (Specify): LLC Dec Individual b. Partnership **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2008 8. Name of person(s) through whom made Organization New Breed Corporation Name Richard Valitutto Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 4043 Piedmont Parkway City High Point Name ZIP Code + 4 27265 State North Carolina Name **Signatures** Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in apy accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete ee Section VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see

instructions)

Othe: (Specify)

Date

Secretary & Treasurer

973-808-6800

Telephone Number

Title

Title

Specify)

973-808-6800

Telephone Number

Founder & CEO

311,08

Date

instructions)

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or inclinectly:
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or artitral proceeding or a criminal or civil judicial proceeding.

1	0. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):
	Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

Specific	Activities to	be Perform	od

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Advised employees of their Section 7 Rights.

11.b. Period during which performed:	11.c. Extent performed: 2/08	
2/08 - 3/08		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Juan Negroni	Name	
Organization Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any Street	
Street 759 Bloomfield Avenue, No. 301		
City West Caldwell	City	
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subje⊮t labor organizations:	
UNKNOWN	UNKNOWN	

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