

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 21, 2005
Secretary of State**

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

Current Principal Place of Business:7455 S. R. 207
ELKTON, FL 32033 US**New Principal Place of Business:****Current Mailing Address:**7455 S. R. 207
ELKTON, FL 32033 US**New Mailing Address:**

FEI Number: 20-1772034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:WANDA, POWELL T
7455 S. R. 207
ELKTON, FL 32033 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: SD () Delete
Name: LEWIS, WENDY M
Address: 721 N. ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084Title: CD () Delete
Name: JOHNSON, LUCY
Address: 1249 PARADISE POND
City-St-Zip: SAINT AUGUSTINE, FL 32092Title: T () Delete
Name: WILLIAMS, KISHA
Address: 5399 MEADOW BROOK RD
City-St-Zip: ELKTON, FL 32033Title: CEOD () Delete
Name: POWELL, WANDA
Address: 7455 S. R. 207
City-St-Zip: ELKTON, FL 32033**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: BRYANT, PETRONIA
Address: 7445 S. R. 207
City-St-Zip: ELKTON, FL 32033Title: CEOD (X) Change () Addition
Name: POWELL, WANDA T
Address: 7455 S. R. 207
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA T. POWELL

CEOD

09/21/2005

Electronic Signature of Signing Officer or Director_____
Date