

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008236

FILED
Feb 21, 2007
Secretary of State

Entity Name: LIFE ANEW MINISTRIES, INC.

Current Principal Place of Business:

734 N.W. 163 AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

734 N.W. 163 AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-5582195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELEZ, MAYRA
734 N.W. 163 AVENUE
PEMBROKE PINES, FL 33028 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: D () Delete
Name: VELEZ, AUSTIN
Address: 734 N.W. 163 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: VELEZ, MAYRA
Address: 734 N.W. 163 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: VELEZ, SHARON M
Address: 734 N.W. 163 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: KHAN, MARTINE F
Address: 10341 S.W. 100 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FERNANDEZ, JUANCARLOS
Address: 9600 N.W. 38TH STREET, SUITE 301
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: RIVERA, MARGARITA
Address: 704 AVENIDA FERNANDEZ-JUNCOS APT. 7
City-St-Zip: SAN JUAN, PR 00912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELEZ, AUSTIN
Address: 734 N.W. 163 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V (X) Change () Addition
Name: VELEZ, MAYRA
Address: 734 N.W. 163 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAYRA VELEZ

_____ Electronic Signature of Signing Officer or Director

V

02/21/2007

_____ Date