

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004722

FILED
Apr 27, 2007
Secretary of State

Entity Name: NEW LIFE REFUGE, INC.

Current Principal Place of Business:

3360 DAVIE BLVD
SUITE B
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

19 N.W. 45TH AVENUE
107
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0940671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, LEANETTA S PD
19 NORTH WEST 45TH AVENUE
107
DEERFIELD BEACH, FL 33442 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: PD () Delete
Name: WRIGHT, LEANETTA
Address: 19 NORTH WEST 45TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD () Delete
Name: WRIGHT, OTHNNIEL
Address: 19 NORTH WEST 45TH AVENUE #107
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: STD () Delete
Name: MASON, EVELYN
Address: 609 4TH STREET NORTH
City-St-Zip: BIRMINGHAM, AL 35204

Title: T () Delete
Name: ASHLEY, DEBORAH
Address: 19 NW 45TH AVE. #107
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LEANETTA S WRIGHT

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date