

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061517

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: NEW LIFE ACRYLIC SURFACES INC.

**Current Principal Place of Business:**

P.O. BOX 2042  
LECANTO, FL 34460 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2042  
LECANTO, FL 34460 US

**New Mailing Address:**

FEI Number: 56-2454670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEGALZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LAIRD, PAUL  
Address: P.O. BOX 2042  
City-St-Zip: LECANTO, FL 34460 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: LAIRD, DARREN  
Address: P.O. BOX 2042  
City-St-Zip: LECANTO, FL 34460 US

Title: TRES ( ) Change (X) Addition  
Name: LAIRD, MARK  
Address: P.O. BOX 2042  
City-St-Zip: LECANTO, FL 34460 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LAIRD

PRES

04/30/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date