2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# P08000094229

Entity Name: NAPLES NEWLIFE MEDICAL WEIGHT LOSS INC

Current Principal Place of Business:

5490 BRYSON DR.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5490 BRYSON DR.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-3460163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PKWY. WEST
CAPE CORAL, FL 33914 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: PD
Name: JOSEPH, ALEXANDER
Address: 8574 SOUTH LAKE CIR.
City-St-Zip: FT. MYERS, FL 33908

Title: VD
Name: DELANEY, JEFFREY R
Address: 7124 LAKERIDGE CT., #230
City-St-Zip: FT. MYERS, FL 33907

Title: STD
Name: BOZZA, BRIAN W
Address: 1857 MISSION DR.
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER JOSEPH PD 03/31/2010

Electronic Signature of Signing Officer or Director Date