

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P96000095071 1. Entity Name NEW LIFE TECHNOLOGY, INC.			
Principal Place of Business NEW LIFE TECHNOLOGY INC 13537 GRANVILLE AVE #6 CLERMONT, FL 34711 US		Mailing Address NEW LIFE TECHNOLOGY INC 13537 GRANVILLE AVE #6 CLERMONT, FL 34711 US	
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent BECKETT, ROY 7624 SAN REMO PLACE ORLANDO, FL 32835		DO NOT WRITE IN THIS SPACE	
9. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of individual agent and firm if applicable. (FNU) Registered Agent signature required when remaining.		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE P NAME BECKETT, ROY STREET ADDRESS 7624 SAN REMO PLACE CITY, ST, ZIP ORLANDO, FL			
TITLE VP NAME BECKETT, ESTHER P STREET ADDRESS 7624 SAN REMO PLACE CITY, ST, ZIP ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY, ST, ZIP 			
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TITLE NAME STREET ADDRESS CITY, ST, ZIP 			
12 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an affidavit, with full power like empowered.			
SIGNATURE: <u><i>ER BECKETT V. P.</i></u> 12-1-08 407-296-6036 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01032008 No Chg-P CR2E034 (11/05)

4. FFI Number
65-0709879
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional**
 Fee Required

000000797940
 01/30/08-80006-011 150.00

**DO NOT WRITE
IN THIS SPACE**