2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 717958

Entity Name: BELIZE NEW LIFE MINISTRIES, INC.

Current Principal Place of Business:

221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

FEI Number: 23-7099434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAISTED, LORETTA
221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH, FL 32937 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: PLAISTED, LORETTA,
Address: 221 TIMPOOCHEE DRIVE
City-St-Zip: INDIAN HARBOR BCH, FL

Title: PSD ( ) Delete
Name: HUGHES, JANICE
Address: 593 LCR 404
City-St-Zip: GROESBECK, TX 76642

Title: VTD ( ) Delete
Name: HUGHES, LARRY DR.
Address: 593 LCR 404
City-St-Zip: GROESBECK, TX 76642

Title: D ( ) Delete
Name: WACHSMANN, JOHN PASTOR
Address: 4020 N. 23RD
City-St-Zip: WACO, TX 76708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PLAISTED, LORETTA,
Address: 221 TIMPOOCHEE DRIVE
City-St-Zip: INDIAN HARBOR BCH, FL 32937

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: JANICE HUGHES PSD 04/23/2007

Electronic Signature of Signing Officer or Director — Date