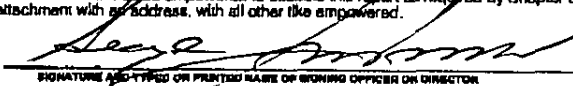


FILED

Apr 30, 2008 08:00 AM
Secretary of State**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000005515 1. Entity Name NEW LIFE MINISTRIES INTL, INC.			
Principal Place of Business 4220 N. 58TH AVENUE HOLLYWOOD, FL 33021		Mailing Address 5201 W PARK BLVD, STE 100 C/O S. BELCHER PLANO, TX 75093	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent NICHOLAS, SERGE 4220 N. 58TH AVENUE HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE	
8. 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000937747 05/27/08-80061-025 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPT NICHOLAS, SERGE 4220 N. 58TH AVENUE HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC WILKERSON, AUSTIN 125 MCCLELLAN ROAD KINGWOOD, TX 77339		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS NICHOLAS, HELEN 4220 N. 58TH AVENUE HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NIKOLAEV, VLADISLAV 427 GOLDEN ISLE DRIVE, #1111 HALLANDALE, FL 33004		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04-25-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	