## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006321

Entity Name: NEW LIFE INTERNATIONAL, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
103 CONT SUITE 200	INENTAL PLA )	CE	,		
BRENTW	OOD, TN 370:	271042			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
SUITE 200	INENTAL PLA ) OOD, TN 370:				
FEI Number: 58-1379188 FEI Number Applied For ( )			FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
1574 VILL/ STE. 100		SERVICES, INC. BOULEVARD 09 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCGEE, ROBE	ITAL PLACE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DAVIS, MAURY	ITAL PLACE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RUSSELL, TO	ITAL PLACE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RAMSEY, CHA	ITAL PLACE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DUNKLE, JEFF	ITAL PLACE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CLINE, BJ	) Delete NTAL PLACE, SUITE 200 TN 37027	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY M. DUNKLE CFO 02/23/2009