2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# L05000021661

Entity Name: NEWLIFE NATURALLY GOURMET LLC

Current Principal Place of Business:

6555 POWERLINE ROAD
SUITE 102
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

3505 OAKS WAY
SUITE 110
POMPANO BEACH, FL 33069 US

Current Mailing Address:

6555 POWERLINE ROAD
SUITE 102
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

3505 OAKS WAY
SUITE 110
POMPANO BEACH, FL 33069 US

FEI Number: 41-2272641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEW LIFE GROUP, LLC
6555 POWERLINE ROAD
SUITE 102
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

GUAJARDO, GERRY A
3505 OAKS WAY
#110
POMPANO BEACH, FL 33069 US

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: GERRY GUAJARDO 05/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GUAJARDO, GERRY
Address: 6555 POWERLINE ROAD, SUITE 102
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GUAJARDO, GERRY
Address: 3505 OAKS WAY #110
City-St-Zip: POMPANO BEACH, FL 33069 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERRY GUAJARDO MGR 05/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date