2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N00000003873

Entity Name: NEW THOUGHT INTERNATIONAL, INC.

Current Principal Place of Business:

3670 INVERRARY DRIVE
SUITE #B-1T
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

3670 INVERRARY DRIVE
SUITE #B-1T
FT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 65-1010838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE COFF, LINDA REV.DR
3670 INVERRARY DRIVE
SUITE #B1T
FORT LAUDERDALE, FL 33319 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:	CD	( ) Delete
Name:	DE COFF, LINDA REV.DR.	
Address:	3670 INVERRARY DRIVE - SUITE B-1T	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	PD	( ) Delete
Name:	DEDES, DIMITRI	
Address:	3760 INVERRARY DR, SUITE N2P	
City-St-Zip:	FT LAUDERDALE, FL 33319	
Title:	SD	( ) Delete
Name:	LANDRY, MICHAEL REV	
Address:	3670 INVERRARY DRIVE - SUITE B-1T	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	TD	( ) Delete
Name:	BIANCHI, PAULA M TREASUR	
Address:	16 BIRCH ROAD	
City-St-Zip:	WENHAM, MA 01984	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: REVEREND DR. LINDA DE COFF CD 01/25/2009

Electronic Signature of Signing Officer or Director — Date