2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000863

Entity Name: NEW LIFE PCA, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 E. MINNEHAHA AVE CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

PO BOX 120279 CLERMONT, FL 34712

FEI Number: 21-2422609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAVALLI, FRANK BLOCK, DON 1985 ANCIENT OAK DRIVE 21326 ROYAL TROON DR LEESBURG, FL 34748 OCOEE, FL 34761

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: DON BLOCK 02/07/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CAVALLI, FRANK BLOCK, DON Name: Name: 1985 ANCIENT OAK DR. Address: 21326 ROYAL TROON DR. Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: LEESBURG, FL 34748

Title: DVP Title: (X) Change () Addition () Delete

BLOCK, DON Name: BISHOP, JOHN Name: Address: 21326 ROYAL TROON R Address: 889 SCENIC VIEW CIR City-St-Zip: LEESBURG, FL 34748 City-St-Zip: CLERMONT, FL 34711

Title: DS () Delete Title: DS (X) Change () Addition

BISHOP, JOHN WEBER, TOM Name: Name: 889 SCENIC VIEW CIRCLE 18725 S. O'BRIEN RD Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: GROVELAND, FL 34736

() Delete Title: DT Title: () Change () Addition

WEBER, TOM Name: 18725 SOUTH O'BRIEN RD Address: Address: City-St-Zip: GROVELAND, FL 34736 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: DON BLOCK DP 02/07/2006