


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90123 001 \*\*\*\*70.00

<b>DOCUMENT # N03000001355</b>	
1. Entity Name <b>NEW LIFE / VIDA NUEVA MINISTRIES, INC.</b>	

Principal Place of Business <b>P O BOX 11097 NAPLES FL 34101</b>	Mailing Address <b>P O BOX 11097 NAPLES FL 34101</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>SOPIANAC, TONY 104 OSPREYS LAND #106 NAPLES FL 34104</b>		7. Name and Address of New Registered Agent Name <b>TONY SOPIANAC (same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 COMMONWEALTH CIR. # H101</b> City <b>Naples</b> FL Zip Code <b>34116</b>	
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*change of address*

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 **TONY SOPIANAC** *Bohianac* DATE **2/16/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOPIANAC, TONY P O 104 OSPREYS LANDING #106 NAPLES FL 34104</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOPIANAC TONY (same) 1200 COMMONWEALTH CIR. # H101 Naples - FL 34116</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>change of address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST THRON, DANIEL 23 LANCASHIRE PL NAPLES FL 34104</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bohianac* **2/16/06 (239) 262 6534**