2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006936

Entity Name: NEW BIRTH ORLANDO INC.

FILED May 05, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10125 EAS 1437	STMAR COM	MONS BLVD.				
), FL 32825	US				
Current Mailing Address:			New Maili	New Mailing Address:		
10125 EASTMAR COMMONS BLVD.						
1437 ORLANDO	1437 DRLANDO, FL 32825 US					
	: 75-3127781	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:			New Registered Agent:	
			Name and	Addiess of	New Registered Agent.	
10125 EAS 1437	ER, ROBER STMAR COM	MONS BLVD.				
ORLANDO), FL 32825	JS				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICERS	S AND DIRE	CTORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CARPENTER,	AR COMMONS BLVD #1437	Title: Name: Address: City-St-Zip:	ı	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CARPENTER,	AR COMMONS BLVD #1437	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DUKES, RUBI ELMHURST R		Title: Name: Address: City-St-Zip:	WOODARD,	(X) Change ()Addition DR. CHARLES MAR COMMONS BLVD #1437 FL 32825 US	
Title: Name: Address: City-St-Zip:	EDOUARD, D 5027 ELMHUI		Title: Name: Address: City-St-Zip:	EDOUARD, D	MAR COMMONS BLVD #1437	
Title: Name: Address: City-St-Zip:	T (CARPENTER, 4290 SE COV STUART, FL	E ROAD	Title: Name: Address: City-St-Zip:	DAVIS, MON	MAR COMMONS BLVD #1437	
Title: Name: Address: City-St-Zip:	ELLIS-SISTRI 471 SUNSHIN) Delete JNK, SAMUEL G E DR #1 EEK, FL 33066 US	Title: Name: Address: City-St-Zip:	ı	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT L CARPENTER II P 05/05/2004