



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90034 044 ****61.25

DOCUMENT # N03000007753					
1. Entity Name NU LIFE ENTERPRISES, INC.					
Principal Place of Business 3576 CHARLES AVE MIAMI, FL 33133			Mailing Address 3576 CHARLES AVE MIAMI, FL 33133		
2. Principal Place of Business 3601 Franklin Ave Suite, Apt. #, etc.		3. Mailing Address 3601 FRANKLIN AVE Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 11-3761053	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, ROBERT 3576 CHARLES AVE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Robert A. Young</u> <u>Robert A. Young</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DV NAME WILLIAMS, CALVIN STREET ADDRESS 221 N JEFFERSON DR CITY-ST-ZIP CORAL GABLES, FL 33133	<input type="checkbox"/> Delete		TITLE LEON LEONARD JR NAME 3601 CHARLES AVE STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME YOUNG, ROBERT STREET ADDRESS 3576 CHARLES AVE CITY-ST-ZIP MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE DP NAME LEONARD, LEON STREET ADDRESS 3601 FRANKLIN AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME LEONARD, LEON STREET ADDRESS 3601 FRANKLIN AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE LEONARD, LEON NAME 3601 FRANKLIN AVE STREET ADDRESS MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME LEONARD, LEON STREET ADDRESS 3601 FRANKLIN AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE LEONARD, LEON NAME 3601 FRANKLIN AVE STREET ADDRESS MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME LEONARD, LEON STREET ADDRESS 3601 FRANKLIN AVE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE LEONARD, LEON NAME 3601 FRANKLIN AVE STREET ADDRESS MIAMI, FL 33133	<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 Chapter 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: <u>Robert A. Young</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					