


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 037 ****61.25

DOCUMENT # N03000007753 1. Entity Name NU LIFE ENTERPRISES, INC.	
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Principal Place of Business 3601 FRANKLIN AVE MIAMI, FL 33133	Mailing Address 3601 FRANKLIN AVE MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

40002788



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3761053	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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 Robert A Young (NOTE: Registered Agent signature required when reinstating) DATE 1/11/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, CALVIN 221 N JEFFERSON DR CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEON, LEONARD JR 3601 CHARLES AVE Franklin Ave MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONARD, LEON 3601 FRANKLIN AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Leon Leonard / Leon LEONARD 1/11/07 305/815-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #