


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

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| DOCUMENT # N03373 1. Entity Name NEW LIFE RANCH, INC. |  |
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| Principal Place of Business 3140 NW 20TH ST BELL, FL 32619-9802 US | Mailing Address 3140 NW 20TH ST BELL, FL 32619-9802 US |
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DO NOT WRITE IN THIS SPACE



05152006 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2453268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BURT, THEODORE M. ESQ 114 NE FIRST ST TRENTON, FL 32693 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by September 6, 2006 | 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HINES, PHILIP A. RT 2 BOX 2014 BELL, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BELL, RICHARD A 3313 NW 14TH AVE POMPANO BCH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELL, JEAN M. 521 E WADE ST TRENTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S INTERIAL, BARBARA PO BOX 1703, NA CHIEFLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HINES, PATRICIA A. RT 2, BOX 2014 BELL, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVENS, JULIE A 3313 NW 14TH AVE POMPANO, FL |

**DO NOT WRITE
IN THIS SPACE**

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05/20/06-80119-006 61:25

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: Patricia A. Hines Patricia A. Hines 5/16/06 352-463-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #