


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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000001305	
1. Entity Name NEW LIFESTYLE NUTRITION HEALTH COMMUNITY OUTREACH, INC.	

Principal Place of Business 2149 ACACIA STREET NE PALM BAY FL 32905	Mailing Address 2149 ACACIA STREET NE PALM BAY FL 32905
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 43-2060052	Applied For <input type="checkbox"/> Not Applicable
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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 LINDSAY, LILY 2149 ACACIA STREET NE PALM BAY FL 32905

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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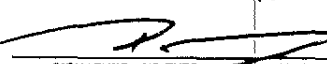
**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDSAY, LILY	
STREET ADDRESS	2149 ACACIA ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHARLES, VERONICA	
STREET ADDRESS	2149 ACACIA ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	URUGUHART, IRA	
STREET ADDRESS	1797 BLAINE ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOLNESS, CLEVELAND	
STREET ADDRESS	6524 CANTERLIA DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	AD	<input type="checkbox"/> Delete
NAME	BRIDGETT, NOEL	
STREET ADDRESS	4046 GOLF SIDE DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROODIE, THEO	
STREET ADDRESS	3141 #103 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000551030
05/13/06-80085-010 61.25**

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:  **TRENSVAGEN** **4/25/06 (561) 385-3616**