

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 27, 2006 8:00 am  
Secretary of State

01-20-2006 90036 001 \*\*\*\*61.25

<b>DOCUMENT # N05000009661</b> 1. Entity Name <b>NEW LIFE ORPHANAGES INTERNATIONAL, INC.</b>																																																																																																																											
Principal Place of Business 2110 CANAL RD LAKE WALES, FL 33898		Mailing Address 2110 CANAL RD LAKE WALES, FL 33898																																																																																																																									
2. Principal Place of Business		3. Mailing Address <b>PO Box 2754</b>																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>HAINES City, FL</b>																																																																																																																									
City & State		City & State																																																																																																																									
Zip	Country	Zip <b>33845-2294</b>	Country <b>POLK</b>																																																																																																																								
4. FEI Number <b>20-3531914</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>DONOHUE, TERRENCE</b> <b>2100 CANAL RD</b> <b>LAKE WALES, FL 33898</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																											
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																									
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DONOHUE, TERRY DR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2100 CANAL RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LAKE WALES, FL 33898</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DONOHUE, LINDA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2100 CANAL RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LAKE WALES, FL 33898</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">CARTER, MICKEY DR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2020 HINSON AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HAINES CITY, FL 33844</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BROWN, DAVID</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">PO BOX 2854</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BRANDON, FL 33809</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>				TITLE	D	<input type="checkbox"/> Delete	NAME	DONOHUE, TERRY DR.		STREET ADDRESS	2100 CANAL RD		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	D	<input type="checkbox"/> Delete	NAME	DONOHUE, LINDA		STREET ADDRESS	2100 CANAL RD		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	D	<input type="checkbox"/> Delete	NAME	CARTER, MICKEY DR.		STREET ADDRESS	2020 HINSON AVE		CITY-ST-ZIP	HAINES CITY, FL 33844		TITLE	D	<input type="checkbox"/> Delete	NAME	BROWN, DAVID		STREET ADDRESS	PO BOX 2854		CITY-ST-ZIP	BRANDON, FL 33809		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1-11-06</b> <small>Daytime Phone #</small>																																																																																																																									



ATTACHMENT

66002678

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2006

NEW LIFE ORPHANAGES INTERNATIONAL, INC.  
P.O. BOX 2754  
HAINES CITY, FL 33845

Subject: NEW LIFE ORPHANAGES INTERNATIONAL, INC.

Reference Number: N05000009661

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION