

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005619

FILED
May 23, 2008
Secretary of State

Entity Name: NEW PROMISE INTERNATIONAL, INC.

Current Principal Place of Business:

523 MOREE LOOP
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

523 MOREE LOOP
WINTER SPRINGS, FL 32708

New Mailing Address:

P.O. BOX 521768
LONGWOOD, FL 32752 US

FEI Number: 20-4854304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RILEY, WILLIAM P
523 MOREE LOOP
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RILEY, WILLIAM P
Address: 523 MOREE LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: CASTRO, NADINE
Address: 525 MOREE LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: ARMSTRONG, MARILYN
Address: 1011 BILL BECK BLVD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RILEY, WILLIAM P
Address: 523 MOREE LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BELTON, JANET DR
Address: 1965 S. ORANGE BLOSSOM TR
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P RILEY

D

05/23/2008

Electronic Signature of Signing Officer or Director

Date