

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005619

FILED
Jun 18, 2009
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:

378 CENTERPOINTE CIR
SUITE 1252
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 521768
LONGWOOD, FL 32752 US

New Mailing Address:

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:

RILEY, WILLIAM P
378 CENTERPOINTE CIRCLE
SUITE 1252
ALTAMONTE SPRINGS, FL 32701 US

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: WILLIAM RILEY

06/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHILIPS, RUSS
Address: 378 CENTERPOINTE CIRCLE, SUITE 1252
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: BARBRA, REILLY
Address: 1965 S. ORANGE BLOSSEM TRAIL
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: CONNIE, MILLER
Address: 1965 SOUTH ORANGE BLOSSEM 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: BARBRA REILLY

D

06/18/2009

Electronic Signature of Signing Officer or Director

Date