

# 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