

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009649

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** 4 A NEWLIFE, INC.

**Current Principal Place of Business:**

4949 N. A1A  
# 172  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

4949 N. A1A  
# 172  
FORT PIERCE, FL 34949

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANCUSI, ELAINE  
4949 N. A1A  
# 172  
FORT PIERCE, FL 34949 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: CEO  
Name: ZURITA, XAVIER  
Address: 4949 N. A1A #172  
City-St-Zip: FORT PIERCE, FL 34949

Title: CFO  
Name: MANCUSI, ELAINE  
Address: 4949 N. A1A #172  
City-St-Zip: FORT PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: ELAINE MANCUSI

CFO

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date