2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# N96000002544

Entity Name: NEW LIFE SOUND, INC.

Current Principal Place of Business:

5125 MELDON CIRCLE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5125 MELDON CIRCLE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0661873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHENK, MILTON B
5125 MELDON CIR.
SARASOTA, FL 34232 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: DC ( ) Delete
Name: BEACHY, EARL
Address: 3427 CAMBRIDGE DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: SHENK, MILTON
Address: 5125 MELDON CIR.
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: BOWMAN, DOROTHY
Address: 2705 BAY STREET
City-St-Zip: SARASOTA, FL 34237

Title: VD ( ) Delete
Name: KENNELL, EMANUEL
Address: 4462 BEACON DRIVE
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete
Name: GRABER, DOUGLAS
Address: 1947 ROLLING GREEN CIR.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILTON B. SHENK PD 04/25/2004

Electronic Signature of Signing Officer or Director — Date