

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002544

FILED  
Apr 07, 2009  
Secretary of State

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: D ( ) Delete  
Name: AUGUSBURGER, WAYNE  
Address: 4890 BRIGITTA DR.  
City-St-Zip: SARASOTA, FL 34241

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

Title: D ( ) Delete  
Name: WISE, ARTHUR  
Address: 5520 ANTOINETTE ST.  
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) 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:

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: MILTON SHENK

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date