## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006947

LOCKE, ROSALIND

JAMAICA, NY 11434

117-50 164TH STREET

Name:

Address:

City-St-Zip:

FILED May 06, 2009 Secretary of State

Entity Nar	ne: NEW HEIGHTS, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
C-306-A	LING ROAD DOD, FL 33312	950 N FEDERAL HIGH SUITE 219 POMPANO BEACH, F		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
C-306-A	LING ROAD DOD, FL 33312	1103 NW 58 TH TERF #213 SUNRISE, FL 33311	RACE	
	ce with s. 607.193(2)(b), F.S., the corporation did not	•	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
WONG-FAH, JOAN 2699 STIRLING ROAD C-306-A		#213	1103 NW 58 TH TERRACE #213	
HOLLYWOOD, FL 33312 US		SUNRISE, FL 33311	SUNRISE, FL 33311 US	
	named entity submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:		05/06/2009	
	Electronic Signature of Registered Agen	t	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	<b>:</b>
Title: Name: Address: City-St-Zip:	CEO () Delete DON-PEDRO, JOAN 1103 NW 58 TERRACE SUNRISE, FL 33313	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CCO () Delete LOCKE, PAULA 9470 LIVE OAK PLACE DAVIE, FL 33324	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete ALEXANDER, RAYMOND 5950 DEL LARGO APT 204 SUNRISE, FL 33313	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOAN DON-PEDRO CEO 05/06/2009