


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90676 031 \*\*\*\*71.00

<b>DOCUMENT # N99000004683</b> 1. Entity Name <b>NEW LIFE RESTORIUM, INC.</b>			
Principal Place of Business <b>6702 FERN CIR LEESBURG, FL 34748</b>		Mailing Address <b>6702 FERN CIR LEESBURG, FL 34748</b>	
2. Principal Place of Business <b>1011 Bristol Lakes Rd #106</b> Suite, Apt. #, etc. <b>106</b>		3. Mailing Address <b>1011 Bristol Lakes Rd.</b> Suite, Apt. #, etc. <b>106</b>	
City & State <b>Mt. Dora, Florida</b> Zip <b>32757</b>		City & State <b>Mt. Dora, Florida</b> Zip <b>32757</b>	
Country <b>Lake</b>		Country <b>Lake</b>	
4. FEI Number <b>59-3593318</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARSHALL, ROSE M 1901 N FERN CIRCLE LEESBURG, FL 34748 1011 Bristol Lakes Rd. Apt. 106 Mt. Dora, FL 32757</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>Shard</b> <b>MELISA STAIRD, TAWANA</b> <del>6702 FERN CIR</del> <b>1011 Bristol Lakes Rd Apt. 106</b> <del>LEESBURG, FL 34748</del> <b>Mt. Dora, FL 32757</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAD <b>MICHELLE-WHITE, TISHA</b> <b>1138 E 229TH ST APT 9C</b> <b>BRONX, NY 10466</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>SANDERS, Christina D.</b> <b>1901 N FERN CIRCLE</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CANTON, GRACE B</b> <b>404 PINE STREET</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>Christina Sanders</u>		Date <u>4/27/04</u> Daytime Phone # <u>352-735-1162</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			