

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90396 028 ****70.00

DOCUMENT # N99000004683 1. Entity Name NEW LIFE RESTORIUM, INC.					
Principal Place of Business 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757			Mailing Address 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757		
2. Principal Place of Business <i>1133 N. Brunnell Pkwy</i>		3. Mailing Address <i>1133 N. Brunnell Pkwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Lakeland, Florida</i>		City & State <i>Lakeland, Florida</i>		4. FEI Number 59-3593318	
Zip <i>33805</i>		Country <i>POIK</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARSHALL, ROSE M 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name <i>Cash, Rose M</i> Street Address (P.O. Box Number is Not Acceptable) <i>1133 N. Brunnell Pkwy</i> City <i>Lakeland</i> State <i>FL</i> Zip Code <i>33805</i>		
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 <i>Rose Mary Cash</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Rose Mary Cash</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/28/2006</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CASH, ROSE M 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXC GREEN, RAVEL M 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, TISHA M 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLETON, THELMA L 1011 BRISTOL LAKES RD #106 MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>Rose Mary Cash</i>		<i>Rose Mary Cash</i>		Date <i>4/28/2006</i> Daytime Phone # <i>(863) 682-0878</i>	

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