## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000029421

Entity Name: NEW LIFE WEIGHT LOSS CENTER, INC.

FILED Sep 02, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1680 S.W. BAYSHORE BLVD.

#104

1512 S. E. VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952

PORT SAINT LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

1680 S.W. BAYSHORE BLVD.
#104
PORT SAINT LUCIE, FL 34984

103 S.W. 3RD AVENUE
OKEECHOBEE, FL 34974

FEI Number: 59-3706135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22 STREET

4TH FLOOR

MIAMI, FL 33145 US

SCHNEIDER, BRIAN A

103 S.W. 3RD AVENUE

OKEECHOBE, FL 34974 US

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: BRIAN A. SCHNEIDER 09/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

Name: SCHNEIDER, BRIAN A
Address: 1680 SW BAYSHORE BLVD.,#104
Address: 1512 S.E. VILLAGE GREEN DRIVE

City-St-Zip: PORT ST.LUCIE, FL 34984 City-St-Zip: PORT ST.LUCIE, FL 34952

Title: SVD () Delete Title: SVD (X) Change () Addition

Name: STIFEL, JUDITH L Name: STIFEL, JUDITH L

Address: 1680 SW BAYSHORE BLVD.#104 Address: 1512 S.E. VILLAGE GREEN DRIVE City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LARSEN, BEVERLEY P Name: LARSEN, BEVERLEY P

Address: 1680 SW BAYSHORE BLVD.#104 Address: 1512 S.E. VILLAGE GREEN DRIVE City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34952

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN A. SCHNEIDER PRES 09/02/2005