

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90219 031 ***158.75

DOCUMENT # P01000030426					
1. Entity Name A NEW OUTLOOK ON THE FUTURE, INC. <i>BBA K + G Associates, A Touch of Heaven</i> <i>Willingham Associates and Dennis & Associates</i>					
Principal Place of Business P.O. BOX 470068 LAKE MONROE, FL 32747		Mailing Address PO BOX 470068 LAKE MONROE, FL 32747			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FET NUMBER 22-3770515				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLINGHAM, EDDIE 3050 W 23RD STREET SANFORD, FL 32771			7. Name and Address of New Registered Agent Name <i>Karin Dennis</i> Street Address (P.O. Box Number is Not Acceptable) <i>1316 Windridge Cr</i> City <i>Sanford</i> FL <i>32773</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 no delegations of registered agent.					
SIGNATURE <i>Karin Dennis</i> <i>04-25-05</i> Signature, typed or printed name of registered agent and the filer acceptable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	President / CEO ☒ Change ☐ Addition		
NAME	WILLINGHAM, KARIN	NAME	Karin Dennis		
STREET ADDRESS	PO BOX 470068	STREET ADDRESS	PO Box 470068		
CITY-ST-ZIP	LAKE MONROE, FL 32771	CITY-ST-ZIP	LAKE MONROE FL 32747		
TITLE	VP ☒ Delete	TITLE	VP ☐ Change ☒ Addition		
NAME	WILLINGHAM, EDDIE	NAME	Norman L Dennis		
STREET ADDRESS	3050 W 23RD STREET	STREET ADDRESS	PO Box 470068		
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	LAKE MONROE, FL 32747		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 607, 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>Karin Dennis</i> <i>04-25-05</i> <i>921 377 6410</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>321 299 8807</i>					