


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90087 031 \*\*\*150.00

<b>DOCUMENT # P02000040375</b>	
1. Entity Name <b>NU-LIFE INTERNATIONAL TRADING, INC.</b>	

Principal Place of Business <b>14101 FALDO CT. HUDSON FL 34667</b>	Mailing Address <b>14101 FALDO CT. HUDSON FL 34667</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>75-3084628</b>		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GREENE, ELLIOT 3405 NW 9 AVENUE, #1201 FT. LAUDERDALE FL 33309</b>	
7. Name and Address of New Registered Agent Name <b>ELLIOT GREENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5511 UNIVERSITY DRIVE, #102</b> City <b>CORAL SPRINGS FL</b> Zip Code <b>33067</b>	

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 *Elliot Greene* DATE 4/13/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P STONES, RAYMOND 14101 FALDO CT. HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Elliot Greene* 4.1.07. 727 534 1201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number