

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094610

Entity Name: NEW LIFE NURSERIES, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

2951 PAT MCKEE PL
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

424 AVE A
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 04-3710181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JEANNE E
424 AVE A
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

ALLEN, CHARLES W
424 AVE A
MELBOURNE BEACH, FL 32951 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: CHARLES W ALLEN

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ALLEN, JEANNE E
Address: 424 AVE A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DVS (X) Delete
Name: ALLEN, CHARLES W
Address: 424 AVE A
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ALLEN, CHARLES W
Address: 424 AVE A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES W ALLEN

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date