

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121531

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: NEW LIFE VENTURES INC.

## Current Principal Place of Business:

19390 COLLINS AVENUE  
APT 510  
SUNNY ISLES, FL 33160 US

## New Principal Place of Business:

12955 BISCAYNE BLVD  
SUITE 200  
NTH MIAMI, FL 33181 US

## Current Mailing Address:

19390 COLLINS AVENUE  
APT 510  
SUNNY ISLES, FL 33160 US

## New Mailing Address:

12955 BISCAYNE BLVD  
SUITE 200  
NTH MIAMI, FL 33181 US

FEI Number: 20-0339207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOMEWOOD, JONATHAN  
19390 COLLINS AVENUE  
SUNNY ISLES, FL 33160 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPTD ( ) Delete  
Name: HOMEWOOD, JONATHAN  
Address: 19390 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: PSD ( ) Delete  
Name: PASTERNAK, STEVEN  
Address: 19390 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change ( ) Addition  
Name: PASTERNAK, STEPHEN  
Address: 19390 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: PSD (X) Change ( ) Addition  
Name: HOMEWOOD, JONATHAN  
Address: 19390 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

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: JONATHAN HOMEWOOD

PSD

01/15/2009

Electronic Signature of Signing Officer or Director

Date