

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-22-2006 90029 003 ***163.75

DOCUMENT # P04000120754 1. Entity Name NEW LIFE HARVESTING, INC.			
Principal Place of Business 11873 SW 197TH STREET MIAMI FL 33177		Mailing Address 11873 SW 197TH STREET MIAMI FL 33177	
2. Principal Place of Business 1005 N. Krome Ave Suite, Apt. #, etc. 121 City & State Homestead, FL Zip 33030 Country U.S.		3. Mailing Address 1005 N. Krome Ave Suite, Apt. #, etc. 121 City & State Homestead, FL Zip 33030 Country U.S.	
4. FEI Number 04-3796555		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCOUNTING SOLUTIONS OF HOMESTEAD 303 N. KROME AVENUE #100 HOMESTEAD FL 33030		7. Name and Address of New Registered Agent Name Gloria M. Alvarado Street Address (P.O. Box Number is Not Acceptable) 11873 SW 197th Street City Miami FL 33177	
B. 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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARADO, GLORIA M 11873 SW 197TH STREET MIAMI FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gloria M. Alvarado	
Date 3/13/06		Daytime Phone # (786) 243-1700	