



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000161860		
1. Entity Name A NEW OUTLOOK FOR OUR FUTURE INC		

Principal Place of Business 1625 S E SHEPPARD LANE STE 200 PORT ST LUCIE, FL 34983 US	Mailing Address P O BOX 470068 LAKE MONROE, FL 32747 US
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2. Principal Place of Business - No P.O. Box # 250 Pinetree Dr Suite, Apt. #, etc. Cassidyberry City & State FL	3. Mailing Address Suite, Apt. #, etc. City & State Zip 32907 Country US
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6. Name and Address of Current Registered Agent DENNIS, KARIN N 1625 S E SHEPPARD LANE PORT SAINT LUCIE, FL 34983	
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FILED  
07 JUL 18 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07/06/07 90002032 \$90.00  


04302007	Chg-P	CR2E034 (12/06)
4. FFL Number 26-0512388	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 DENNIS, KARIN P O BOX 12564 FORT PIERCE, FL 34979 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNIS, NORMAN PO BOX 12564 FORT PIERCE, FL 34979 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100106729951 07/26/07--01008--002 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, KARIN N P O BOX 12564 FORT PIERCE, FL 34979 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  04-30-07 400 4026649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #