

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106596

FILED  
Aug 07, 2009  
Secretary of State

Entity Name: NEWAGEDRINK.COM SEMINARS AND BENEFITS INC.

## Current Principal Place of Business:

6271 ST. AUGUSTINE RD. #218  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

6271 ST. AUGUSTINE RD. UNIT 24 #218  
JACKSONVILLE, FL 32217

## Current Mailing Address:

6271 ST. AUGUSTINE RD., #218  
JACKSONVILLE, FL 32217

## New Mailing Address:

6271 ST. AUGUSTINE RD. UNIT 24, #218  
JACKSONVILLE, FL 32217

FEI Number: 20-5465061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRISON, ALVIN S. JR.  
6271 ST. AUGUSTINE RD., #218  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

HARRISON, ALVIN S. JR.  
6271 ST. AUGUSTINE RD., UNIT 24 #218  
JACKSONVILLE, FL 32217 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:

08/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: HARRISON, ALVIN S. JR.  
Address: 6271 ST. AUGUSTINE RD., #218  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVT ( ) Delete  
Name: HARRISON, ALVIN S. SR.  
Address: 6271 ST. AUGUSTINE RD., #218  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: BROWN, JAMES E.  
Address: 6271 ST. AUGUSTINE RD., #218  
City-St-Zip: JACKSONVILLE, FL 32217

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALVIN S HARRISON SR

DVT

08/07/2009

Electronic Signature of Signing Officer or Director

Date