

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075689

Entity Name: NEW LIFE THERAPY GROUP, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

5703 RED BUG LAKE ROAD  
#177  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

## Current Mailing Address:

5703 RED BUG LAKE ROAD  
#177  
WINTER SPRINGS, FL 32708

## New Mailing Address:

520 WOODSORREL WAY  
ROUND ROCK, TX 78664

FEI Number: 26-0470418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, TINA  
5703 RED BUG LAKE ROAD  
#177  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

CRUZ, TINA  
520 WOODSORREL WAY  
ROUND ROCK, FL 78664 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRUZ, TINA  
Address: 5703 RED BUG LAKE ROAD #177  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: CRUZ, EDWIN JR  
Address: 5703 RED BUG LAKE ROAD #177  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRUZ, TINA  
Address: 520 WOODSORREL WAY  
City-St-Zip: ROUND ROCK, TX 78664

Title: VP (X) Change ( ) Addition  
Name: CRUZ, EDWIN JR  
Address: 520 WOODSORREL WAY  
City-St-Zip: ROUND ROCK, TX 78664

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: TINA CRUZ

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date