

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098171

FILED  
Jul 02, 2008  
Secretary of State

Entity Name: NEW HOPE LIFESTYLES INC

## Current Principal Place of Business:

1403 MEDICAL PLAZA DRIVE  
SUITE 100  
SANFORD, FL 32771 US

## New Principal Place of Business:

## Current Mailing Address:

1403 MEDICAL PLAZA DRIVE  
SUITE 100  
SANFORD, FL 32771 US

## New Mailing Address:

FEI Number: 26-0836095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA-INCORPORATIONS.NET INC  
6574 NORTH STATE ROAD 7, #401  
#401  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

STRINGER, NEIL M DR  
1403 MEDICAL PLAZA DRIVE  
#100  
SANFORD, FL 32771 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: NEIL STRINGER

07/02/2008

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: P ( ) Delete  
Name: STRINGER, NEIL M  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 100  
City-St-Zip: SANFORD, FL 32771 US

Title: S ( ) Delete  
Name: STRINGER, SUZANNE E  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 100  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NEIL M STRINGER

PRES

07/02/2008

Electronic Signature of Signing Officer or Director

Date