

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130090

FILED
Apr 09, 2009
Secretary of State

Entity Name: NEW LIFE CREDIT RESTORATION SERVICES, INC.

Current Principal Place of Business:

13572 TURTLE MARSH LOOP
UNIT 230
ORLANDO, FL 32837

New Principal Place of Business:

PMB 133, 3956 TOWN CENTER BLVD
ORLANDO, FL 32837

Current Mailing Address:

13572 TURTLE MARSH LOOP
UNIT 230
ORLANDO, FL 32837

New Mailing Address:

PMB 133, 3956 TOWN CENTER BLVD
ORLANDO, FL 32837

FEI Number: 45-0582394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERALL, AYANNA
13572 TURTLE MARSH LOOP
UNIT 230
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OVERALL, AYANNA
Address: 13572 TURTLE MARSH LOOP, UNIT 230
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AYANNA OVERALL

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04/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date