

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020219

Entity Name: NEW LIFE GENERATIONS, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

3270 GALLEON AVE NE  
PALM BAY, FL 32905

## New Principal Place of Business:

## Current Mailing Address:

3270 GALLEON AVE NE  
PALM BAY, FL 32905

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, DAWANA  
3270 GALLEON AVE NE  
PALM BAY, FL 32905 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: D ( ) Delete  
Name: LEWIS, DAWANA  
Address: 965 BIMINI AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: GRIGSBY, JARVIS  
Address: 2369 ROYAL POINCIANA BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: ROPER, CALVIN  
Address: 640 AGUERO AVE  
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete  
Name: HILL, MARIA THERESA  
Address: 3270 GALLEON AVE NE  
City-St-Zip: PALM BAY, FL 32905

## 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:

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: DOMENIC H CALICCHIA

ACC

01/13/2009

Electronic Signature of Signing Officer or Director

Date