

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059260

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NEW LIFE ADULT FAMILY HOME CARE INC

**Current Principal Place of Business:**

8539 NW 20TH CT  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

8539 NW 20TH CT  
SUNRISE, FL 33322 US

**New Mailing Address:**

FEI Number: 26-2820440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EUGENE, VALAINE  
8539 NW 20TH CT  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

EUGENE, VALAINE J  
8539 NW 20TH CT  
SUNRISE, FL 33322 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: VALAINE J EUGENE      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EUGENE, VALAINE  
Address: 8539 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33322 US

Title: VP ( ) Delete  
Name: EUGENE, ALEX  
Address: 8539 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33322 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS (X) Change ( ) Addition  
Name: EUGENE, VALAINE J  
Address: 8539 NW 20TH CT  
City-St-Zip: SUNRISE, FL 33322 US

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: ALEX EUGENE      MR      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date