2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100936

City-St-Zip: MT. DORA, FL 32757

Entity Name: NEWLIFE HEALTH PRODUCTS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5616 TRIMI MT. DORA,	BLE PARK R FL 32757	OAD			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
187 SEMOR FER PARK		US			
FEI Number:	59-3414511	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
5616 TRIMI	NG, HEATHE BLE PARK R FL 32757	OAD			
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Cam	paign Financir	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P (YU, HAEKYOU		Title: (Name:) Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HAEKYOUNG HEATHER YU PRES 04/28/2006