2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100936

Entity Name: NEWLIFE HEALTH PRODUCTS, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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5616 TRIMBLE PARK ROAD MT. DORA, FL 32757

Current Mailing Address: New Mailing Address:

187 SEMORAN BLVD 5616 TRIMBLE PARK ROAD FER PARK, FL 32730 US MT.DORA, FL 32757 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:

HAEKYOUNG, HEATHER YU
5616 TRIMBLE PARK ROAD
MT. DORA, FL 32757 US
YU, HAEKYOUNG H
5616 TRIMBLE PARK ROAD
MT. DORA, FL 32757 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: HAEKYOUNG YU 05/01/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 YU, HAEKYOUNG H
 Name:

 Address:
 5616 TRIMBLE PARK ROAD
 Address:

 City-St-Zip:
 MT. DORA, FL 32757
 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: HAEKYOUNG H YU P 05/01/2007