


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000079332</b>	
1. Entity Name NEW LIFE NATIONWIDE, INC.	

Principal Place of Business 536 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	Mailing Address P.O. BOX 799 NEW SMYRNA BEACH, FL 32170 US
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02142006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3471091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BRACKER, JOHN 2440 GLENSIDE DRIVE NEW SMYRNA BEACH, FL 32168
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000504176 04/26/06-80061-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRACKER, JOHN 2440 GLENSIDE DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRACKER, DELORIS A VP 2440 GLENSIDE DRIVE NEW SMYRNA BEACH, FL 32168
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN BRACKER 4/3/06 3864265400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #