## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P99000060697 1. Entity Name NEW LIFE CONNECTIONS, INC. Principal Place of Business Malling Address 113 W 27TH ST 113 W 27TH ST SANFORD, FL 32773 SANFORD, FL 32773 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3591353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANN, MARLA J DO NOT WRITE 475 NORTH PREVATT AVENUE LAKE HELEN, FL 32744 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. CATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000503651 04/26/06-80041-004 150.00 \$5.00 May Be S. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE DANN, MARLA J NAME STREET ADDRESS **475 NORTH PREVATT** LAKE HELEN, FL 32744 CITY-ST-ZIP VP. TITLE BARR, LUTHER G NAME 932 DANDRIDGE DR STREET ADDRESS DELTONA, FL 32725 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CATY-ST-ZAP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 calh, 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 champed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPES

**FILED**