2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90011 045 ***158.75

DOCUMENT # 672181

1. Entity Name
LIFE ENHANCING PRODUCTS, INC.

Principal Place of Business	Mailing Address
615 W ALLEN AVE SAN DIMAS, CA 91773 US	615 W ALLEN AVE SAN DIMAS, CA 91773 US

04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4264631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILAM, STEPHEN
3996 S. LAKE ORLANDO PKWY.
ORLANDO, FL 32808

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILAM, LARRY
STREET ADDRESS	615 W ALLEN AVE
CITY-ST-ZIP	SAN DIMAS, CA
TITLE	SD
NAME	O'BRIEN, DEBBIE
STREET ADDRESS	615 W. ALLEN AVE
CITY-ST-ZIP	SAN DIMAS, CA 91773
TITLE	D
NAME	MILAM, STEPHEN
STREET ADDRESS	3996 S. LAKE ORLANDO PKWY.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	Jason Milam
STREET ADDRESS	615 West Allen Ave
CITY-ST-ZIP	San Dimas, Ca 91773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Larry Milam 4-18-07 909 592-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #