

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738382

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: LIFE EXTENSION FOUNDATION, INC.

**Current Principal Place of Business:**

1100 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1100 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-1746396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FALON, WILLIAM  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: KENT, SAUL  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DST      ( ) Delete  
Name: BROWN, KEVIN  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DP      ( ) Delete  
Name: EYTCHISON, TINA  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AT      ( ) Delete  
Name: GILNER, PAUL  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: HALPERIN, JIM  
Address: 1100 WEST COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. MURRAY

MR.

03/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date