2004 HNIEGRM RUGINESS DEDORT (HRD)

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

	GIAIFORN BOS	INESS REFU	n !	(ODI	<u>''</u>	ı					27.8
DOCUMENT # 754676 1. Entity Name						FILED					
LIFE EXTENSION SOCIETY, INC.											
			<u> </u>			0	I FEB 26 A	M 9: 1	ı		
Principal Plac		Mailing Address			SEGNETARY OF STATE						
995 SW 24 S FT. LAUDERD		995 SW 24 ST FT. LAUDERDALE FL 33315			SEGNETARY OF STATE TABLEAHASSEE. FLORIDA						
						1 (188)(1 1 6)	ERA BUST ÖLĞIN BIRLI TÖÖLÜ	e nsi e nesi e ne	(1 B) B) (1 B) (1 B)	(T)(8(8() (6T)	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat		City & State				4. FEI Number			T Ar	plied For	7
<u> </u>						4. L(140///De)	59-2036151		No	ot Applicable	
Zip	Country	Zip	Cou	untry		5. Certificate of	Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		<u> </u>		7. Name and A	ddress of New Re	gistered A	gent		1
					ME SINCER BERNARD A. Esa						
EAL OON	WILLIAM			Street A	ddress (F	P.O. Box Number	is Not Acceptable)				1
FALOON, WILLIAM 995 SW 24 ST				ļ -	+92	5-A	SHERI	9 .4 / √	57.		+
FT. LAUDERDALE FL 33315				-					T 2:- 0-1		4
				City H	bu,	72000		FL	Zip Cod		
8. The above	named entity submits this statement for	r the purpose of changing its r	egister	ed office or	register	ed agent, or both,	in the state of Flori	da.		<u>-</u>	
	1, /						1 /	/			
SIGNATURE X											
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registere	d Agent signatu	re required	when reinstating)	•	DATE			
					45.0		Balca	Oh a ale D			
	FILE NOW: FEE IS \$61.25	9. Election Campaign for Trust Fund Contribution				May Be to Fees		artment	ayable to of State	•	
10.	OFFICERS AND DIF	RECTORS	11.	·- <u>-</u>		DDITIONS/CHAN	IGES TO OFFICER	S AND DIR	FCTORS IN	10	-
TITLE	DST	Delete	TITL	Ε [1020100111021	<u> </u>	☐ Change	Addition	18
NAME	KENT, SAUL		NAM	E							15
STREET ADDRESS	995 SW 24 ST			ET ADDRESS							037 (10/00)
CITY-ST-ZIP	FT. LAUDERDALE FL 33315			-ST-ZIP							CR2E(
TITLE NAME	D Faloon, William	Delete	TITLI NAM	i	PEVT	CH (SON)	# 1000 A		Change	Addition	2
STREET ADDRESS	995 SW 24 ST		•	ET ADDRESS	995		24 55				
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		CITY	-ST-ZIP	FT	LAUPE	ROBLE - F		3331	5]
TITLE	DP	☐ Delete	TITL	<u> </u>			7		☐ Change	☐ Addition	
NAME	STROM, GREG	*	NAM				,	100			[
STREET ADDRESS CITY-ST-ZIP	995 SW 24 ST FT. LAUDERDALE FL 33315			ET ADDRESS -St-zip				ا ا	. س		}
TITLE	FI. DAUDERDALE FE 33313	Delete	TITL			11	TOUUS 7	<u> </u>	- Grande	nofibba I	-
NAME	,	C Delete	NAM	I			-03/01/	0101		JU5)
STREET ADDRESS				ET ADDRESS			****47	2.50	秦本米米利	01.25	
CITY-ST-ZIP			CITY	-ST-ZIP							1
T(TLE NAME		☐ Delete	TITL NAM	(Change	☐ Addition	1
STREET ADDRESS	. I			ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP	_]
TITLE		Delete	TITL						☐ Change	☐ Addition	1
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
<u>-:</u>	ertify that the information exponling with	this filing does not qualify for			ed in Sor	ction 119 07/3/0	Florida Statutee 1 f	urther certi	fy that the in	oformation	1
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account and that my standard 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 a scrubble this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.											