

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 24, 2007  
Secretary of State**

DOCUMENT# F06000000069

Entity Name: LIFE EXTENSION PHARMACY, INC.

**Current Principal Place of Business:**

1100 W COMMERCIAL BLVD  
LAUDERDALE, FL 33309

**New Principal Place of Business:**

1100 W COMMERCIAL BLVD, SUITE #130  
LAUDERDALE, FL 33309

**Current Mailing Address:**

1100 W COMMERCIAL BLVD  
LAUDERDALE, FL 33309

**New Mailing Address:**

1100 W COMMERCIAL BLVD, SUITE #130  
LAUDERDALE, FL 33309

FEI Number: 20-4006694

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: FALCON, WILLIAM  
Address: 1100 W COMMERCIAL BLVD  
City-St-Zip: LAUDERDALE, FL 33309

Title: P ( ) Delete  
Name: SCOZZARI, JAMES S  
Address: 1100 W COMMERCIAL BLVD  
City-St-Zip: LAUDERDALE, FL 33309

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

Title: D (X) Change ( ) Addition  
Name: FALOON, WILLIAM  
Address: 1100 W COMMERCIAL BLVD, SUITE #130  
City-St-Zip: LAUDERDALE, FL 33309

Title: PST (X) Change ( ) Addition  
Name: JONES, CHERESE  
Address: 1100 W COMMERCIAL BLVD, SUITE #130  
City-St-Zip: LAUDERDALE, FL 33309

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERESE JONES

P

10/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date