

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003632

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** LIFE SOURCE INSTITUTE, INC.

**Current Principal Place of Business:**

5827 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5827 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407

FEI Number: 27-0801307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LORIE, ARIEL  
5827 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

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

LORIE, ARIEL  
5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407 US

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: ARIEL LORIE

03/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: 3HRM  
Name: MARTIN, LESLIE E  
Address: 5827 CORPORATE WAY SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P  
Name: SCIARA, ANTHONY S  
Address: 5827 CORPORATE WAY SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: ARIEL LORIE

RA

03/18/2010

Electronic Signature of Signing Officer or Director

Date