


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 037 ****50.00

DOCUMENT # L0400000230

1. Entity Name
HARMONY OF LIFE, LLC



Principal Place of Business
**9150 RIDGE ROAD
 SEMINOLE, FL 33772**

Mailing Address
**9150 RIDGE ROAD
 SEMINOLE, FL 33772**



2. Principal Place of Business
12050 Park Blvd
 Suite, Apt. #, etc.
Apt 131

3. Mailing Address
P.O. Box
 Suite, Apt. #, etc.

04072006 Chg-LLC CR2E083 (11/05)

City & State
Seminole FL 33772

City & State
Seminole FL

Zip
33772 Country
USA

Zip
33731-0089 Country
USA

4. FEI Number
58-2678523

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
**WELLS, F.M. JR ESQ.
 9150 RIDGE ROAD
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORCOVILOS, ADAM 9150 RIDGE ROAD SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **4-11-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #