

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003818

FILED
Jan 30, 2006
Secretary of State

Entity Name: TOUCHDOWNS4LIFE, INC.

Current Principal Place of Business:

10044 W. MCNAB RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

10044 W. MCNAB RD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 16-1666675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTD () Delete
Name: BITAR, LORI
Address: 16811 SOUTHWEST 5TH COURT
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: KIRBY, TERRY
Address: 16811 SOUTHWEST 5TH COURT
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: KOLP, SHARON
Address: 16811 SOUTHWEST 5TH COURT
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: POLLACK, GISELE
Address: 10044 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: JOHNSON, EDWIN
Address: 10044 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BITAR, LORI
Address: 10044 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: PD (X) Change () Addition
Name: KIRBY, TERRY
Address: 10044 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Change () Addition
Name: WILLIAMS, JODY A
Address: 10044 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change () Addition
Name: CROSS, JEFF
Address: 10044 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI BITAR

VD

01/30/2006

Electronic Signature of Signing Officer or Director

Date