2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# N03000003818

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 ( )**

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GALE S. NELSON, MANAGING PARTNER GSN 03/20/2006

Electronic Signature of Signing Officer or Director — Date