2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
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:

GOREN, CHEROF, DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL 33308 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: WAYNE NEUNIE 03/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: D (X) Delete
Name: MOURGLIA-SMITH, JAMI
Address: 10044 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

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

Title: D (X) Delete
Name: MALVASIO, FRANK
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: BM (X) Change ( ) Addition
Name: MALVASIO, FRANK
Address: 10044 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: BM (X) Change ( ) Addition
Name: MASSA, CHRISTINE
Address: 10044 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

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 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: WAYNE NEUNIE D 03/10/2009
Electronic Signature of Signing Officer or Director — Date