


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004281	
1. Entity Name DAYSTAR LIFE CENTER, INC.	

Principal Place of Business 226 6TH ST S ST PETERSBURG, FL 33701	Mailing Address 226 6TH ST S ST PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0523539	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JANE
 226 SIXTH STREET SOUTH
 SAINT PETERSBURG, FL 33701

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

0000000821457
 02/19/08-80025-008 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMANUS, RICHARD 6132 LEELAND STREET SO SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, PATRICIA 7642 17TH AVE N ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZ, SCOGNA 113 FIRST STE D SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALL, ROBERT 4983 BACOPA LANE SOUTH SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oz Scogna* Oz Scogna, Vice President 2/6/08 (727) 825-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #