

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025277

FILED
Jan 03, 2005
Secretary of State

Entity Name: LIFE EXTENSION HEALTH CENTER, INC.

Current Principal Place of Business:

2474 ROUSE RD
ORLANDO, FL 32817

New Principal Place of Business:

416 CAMBRIDGE BLVD.
WINTER PARK, FL 32789

Current Mailing Address:

2474 ROUSE RD
ORLANDO, FL 32817

New Mailing Address:

416 CAMBRIDGE BLVD.
WINTER PARK, FL 32789

FEI Number: 65-1218765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, LOU
2474 ROUSE RD
ORLANDO, FL 32817 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTHEWS, CAROL
Address: 416 CAMBRIDGE BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: MATTHEWS, LOU
Address: 2474 ROUSE RD
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MATTHEWS

PRES

01/03/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date