

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030100

Entity Name: SNOWSTORMLIFE, INC.

FILED  
Mar 14, 2009  
Secretary of State

## Current Principal Place of Business:

2734 VILLA DRIVE  
VALRICO, FL 33596 US

## New Principal Place of Business:

18622 DORMAN RD  
LITHIA, FL 33547 US

## Current Mailing Address:

2734 VILLA DRIVE  
VALRICO, FL 33596 US

## New Mailing Address:

18622 DORMAN RD  
LITHIA, FL 33547 US

FEI Number: 26-2237168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLIZZARD, JAMES M  
2734 VILLA DRIVE  
VALRICO, FL 33596 US

## Name and Address of New Registered Agent:

BLIZZARD, JAMES M  
18622 DORMAN RD  
LITHIA, FL 33547 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: JAMES M BLIZZARD

03/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLIZZARD, JAMES M  
Address: 2734 VILLA DRIVE  
City-St-Zip: VALRICO, FL 33596 US

Title: VP ( ) Delete  
Name: BLIZZARD, PAMELA C  
Address: 2734 VILLA DRIVE  
City-St-Zip: VALRICO, FL 33596 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLIZZARD, JAMES M  
Address: 18622 DORMAN RD  
City-St-Zip: LITHIA, FL 33547 US

Title: VP (X) Change ( ) Addition  
Name: BLIZZARD, PAMELA C  
Address: 18622 DORMAN RD  
City-St-Zip: LITHIA, FL 33547 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M BLIZZARD

P

03/14/2009

Electronic Signature of Signing Officer or Director

Date