


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000029179

1. Entity Name
LIFE SOURCE FOLIAGE, INC.



Principal Place of Business
5273 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712

Mailing Address
5273 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712



07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3433927

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKILES, JUDITH L
5273 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKILES, JUDITH L 5273 PLYMOUTH SORRENTO ROAD APOPKA, FL 32712
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07/31/06-80001-024 150.00

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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 607, 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: Judith L. Skiles, Pres. Judith L. Skiles (7-26-06) 407-886-6075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #