


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State


DOCUMENT # P98000060124

1. Entity Name
 LIFE INFUSIONS, INC.



Principal Place of Business 2875 VIA VENEZIA DEERFIELD BEACH, FL 33442	Mailing Address 648 N. PLANKINTON 260 MILWAUKEE, WI 53203
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0847826	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

COLEMAN, ANTHONY G JR
 2875 VIA VENEZIA
 DEERFIELD BEACH, FL 33442

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEKER, MARY 2875 VIA VENEZIA DEERFIELD BEACH, FL 33442
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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: Mary K Spieker _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #