

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jun 20, 2007
Secretary of State**

DOCUMENT# L04000001549

Entity Name: HOUSE FOR LIFE, LLC

Current Principal Place of Business:

1756 NORTH BAYSHORE DRIVE, SUITE 28 E
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1756 NORTH BAYSHORE DRIVE, SUITE 28 E
MIAMI, FL 33132

New Mailing Address:

FEI Number: 83-0381670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA ESQ.
150 SE 2ND AVENUE, SUITE 1010
MIAMI, FL 33131 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIORINI, MAURIZIO
Address: VIA TERRAGLIETTO 146 A
City-St-Zip: 30174 MESTRE (VE) ITALY,

Title: MGRM () Delete
Name: BOARETTO, TONINO
Address: GALLERIA TITO LIVIO 2
City-St-Zip: 35100 PADOVA, ITALY,

Title: MGRM (X) Delete
Name: FIORINI, SEBASTIANO
Address: 1756 NORTH BAYSHORE DRIVE, SUITE 28-E
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAURIZIO FIORINI

MGRM

06/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date