

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2008
Secretary of State**

DOCUMENT# N06000003192

Entity Name: SEED OF LIFE ALF, INC.

Current Principal Place of Business:

741 NORTH POWER LINE RD
POMPANO BCH, FL 33069

New Principal Place of Business:

Current Mailing Address:

741 NORTH POWER LINE RD
POMPANO BCH, FL 33069

New Mailing Address:

FEI Number: 20-4614302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEORGE, IDENA
741 NORTH POWER LINE RD
POMPANO BCH, FL 33069 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEORGE, IDENA
Address: 741 NORTH POWER LINE RD
City-St-Zip: POMPANO BCH, FL 33069

Title: SD () Delete
Name: ANTOINE, MARIA
Address: 741 NORTH POWER LINE RD
City-St-Zip: POMPANO BCH, FL 33069

Title: TD () Delete
Name: STEPHENS, BEATRICE
Address: 2960 S.W. 11TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VPD () Delete
Name: PARRISH, SHERRON REV.
Address: 741 NORTH POWER LINE RD
City-St-Zip: POMPANO BCH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: IDENA GEORGE

DIR

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date