



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003647 1. Entity Name L.I.F.E./C.A.N., INC.	
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Principal Place of Business 5445 S.W. WOODHAM STREET PALM CITY, FL 34990	Mailing Address 5445 S.W. WOODHAM STREET PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE

	
02042008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0927755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

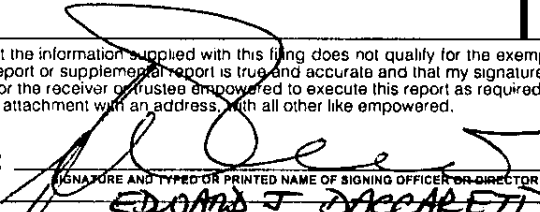
6. Name and Address of Current Registered Agent DACCARETT, EDWARD J 5445 S.W. WOODHAM STREET PALM CITY, FL 34990

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000899035 04/28/08-80025-003 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DACCARETT, EDWARD J 5445 S.W. WOODHAM STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSDE EUTENEUER, JOSEPH 412 S.E. EDGEWOOD DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, MICHELLE 11696 LAUREL VALLEY CIR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YAZJI, LILIANE PHD 5122 S.W. SUNSHINE FARM WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> EDWARD J DACCARETTI	02-12-08 <small>Date</small>	772-219-1144 <small>Daytime Phone #</small>