

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 17, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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

PD

08/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date