

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003102

**Entity Name:** NTALIFE BUSINESS SERVICES GROUP, INC.

**Current Principal Place of Business:**

4949 KELLER SPRINGS RD.  
ADDISON, TX 75001

**Current Mailing Address:**

4949 KELLER SPRINGS RD.  
ADDISON, TX 75001

**FEI Number:** 75-2284112

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ELLARD, BRIAN M  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001

Title           PRESIDENT, DIRECTOR  
Name           RUGENSTEIN, WADE  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001

Title           SEC  
Name           DARLEY, TIMOTHY A  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001

Title           CFO  
Name           FONVILLE, EARL R  
Address        4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WADE RUGENSTEIN

**PRESIDENT**

**02/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date