

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90075 012 \*\*\*\*61.25

<b>DOCUMENT # 728310</b>					
<b>1. Entity Name</b> L.I.F.E., INC.					
<b>Principal Place of Business</b> P. O. BOX 2171 FT. WALTON BEACH, FL 32549			<b>Mailing Address</b> P. O. BOX 2171 FT. WALTON BEACH, FL 32549		
<b>2. Principal Place of Business - No P.O. Box #</b> 109 FETTING AVE. Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> FT WALTON BCH			<b>City &amp; State</b>		
<b>Zip</b> 32547		<b>Country</b> USA		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ANCHORS, C. LEDON 909 MAR WALT DRIVE, SUITE #1014 FORT WALTON BEACH, FL 32548			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> POSCHER, VIRGINIA <b>STREET ADDRESS</b> 594 L'OMBRE COURT, NE <b>CITY-ST-ZIP</b> FT. WALTON BEACH, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CANNON, FLETCHER <b>STREET ADDRESS</b> 325 YATCH CLYB DR. <b>CITY-ST-ZIP</b> FT. WALTON BCH, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PDT <b>NAME</b> BRADY, ROBERT <b>STREET ADDRESS</b> 616 LAKEVIEW DR. <b>CITY-ST-ZIP</b> FT. WALTON BCH, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SWITZER, TOBIAS <b>STREET ADDRESS</b> 1610 SUFTON PL <b>CITY-ST-ZIP</b> FT. WALTON BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GARCIA-RIOS, JANIE <b>STREET ADDRESS</b> 206 GRANDVIEW AVE <b>CITY-ST-ZIP</b> VAL PARISO, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SMITH, FLORENCE <b>STREET ADDRESS</b> P.O. BOX 1010 N/A <b>CITY-ST-ZIP</b> DESTIN, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SHOEMAKER, TERRY <b>STREET ADDRESS</b> 31 RUBY CT <b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert A. Brady</u>			1/7/08 850-863-9703		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		