

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738382

FILED
Mar 30, 2006
Secretary of State

Entity Name: LIFE EXTENSION FOUNDATION, INC.

Current Principal Place of Business:

1100 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1100 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-1746396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENIS, HARRY CPA
2455 E SUNRISE BLVD, PENTHOUSE NORTH
FT LAUDERDALE, FL 33304 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: D () Delete
Name: FALON, WILLIAM
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: KENT, SAUL
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DST () Delete
Name: BROWN, KEVIN
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DP () Delete
Name: EYCHISON, TINA
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AT () Delete
Name: GILNER, PAUL
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: HALPERIN, JIM
Address: 1100 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

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:

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 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: JAMES D MURRAY

CTLR

03/30/2006

Electronic Signature of Signing Officer or Director

Date