2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 738382

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:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:	FALOON, 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:	EYTCHISON, 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 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 C 04/22/2008

Electronic Signature of Signing Officer or Director — Date