

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760485

FILED
Jan 06, 2004
Secretary of State

Entity Name: LIFE FORCES RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

37373 ROW RIVER ROAD
DORENA, OR 97434 US

New Principal Place of Business:

Current Mailing Address:

37373 ROW RIVER ROAD
DORENA, OR 97434 US

New Mailing Address:

FEI Number: 59-2186330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORE, STUART
94 COLE CHESTER LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

SHORE, STUART
94 COLECHESTER LANE
PALM COAST, FL 32137 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:

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOLOMON, LINDA REV.
Address: 34 ZAUN TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: PD () Delete
Name: SHORE, STUART
Address: 37373 ROW RIVER ROAD
City-St-Zip: DORENA, OR 97434

Title: D () Delete
Name: MARSHALL, STERN
Address: 17 CARDIFF COURT
City-St-Zip: HUNTINGTON STATION, NY 11746

Title: D () Delete
Name: ZWARENSTEIN, ELISSA
Address: 425 RIVERSIDE DRIVE, APT. 15-F
City-St-Zip: NEW YORK, NY 32137

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 for the exemption stated in Section 119.07(3)(i), 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: STUART SHORE

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date