

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 033 ***150.00

DOCUMENT # 816696

1. Entity Name
LIFE SCIENCES, INC.



Principal Place of Business
**C/O CHARLES KLEIM
2900 72ND STREET NORTH
ST PETERSBURG, FL 33710**

Mailing Address
**C/O CHARLES KLEIM
2900 72ND STREET NORTH
ST PETERSBURG, FL 33710**

50048467



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0995081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURNS, ALEX C.
2900 72ND STREET, NORTH
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Alex C. Burns **Alex C. Burns** **vice pres**

10 Apr 05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRYBNIK, SIMON
STREET ADDRESS	140 53RD ST
CITY - ST - ZIP	BROOKLYN, NY
TITLE	VP
NAME	ALEX BURNS
STREET ADDRESS	2900 72ND STREET, NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	MARCUS, NORMAN
STREET ADDRESS	303 E 40TH ST STE 1100
CITY - ST - ZIP	NEW YORK, NY 10016
TITLE	VP
NAME	STEPHENSON, RONALD
STREET ADDRESS	2900 72ND ST. N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #