

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-10-2006 90006 042 ***150.00



03222006 No Chg-P CR2E034 (11/05)

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

24 MARCH 06

Date

727 3459371

Daytime Phone #