

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001566

Entity Name: MEDLIFEPLUS, INC.

FILED
Jul 26, 2007
Secretary of State

Current Principal Place of Business:

5534 COOKS LANE
SMYRNA, TN 37167

New Principal Place of Business:

377 WEAVERVILLE HIGHWAY, SUITE 3
ASHEVILLE, NC 28804

Current Mailing Address:

2814 SPRING ST
#122
ATLANTA, GA 30339

New Mailing Address:

P.O. BOX 1387
NOLENSVILLE, TN 37135

FEI Number: 04-3697474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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:

07/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: MANNING, TOM
Address: 2814 SPRING ST #122
City-St-Zip: ATLANTA, GA 30339

Title: VCVP () Delete
Name: KATOSIC, GEORGE
Address: 300 N COIT STE. 350
City-St-Zip: RICHARDSON, TX 75080

Title: D () Delete
Name: KATOSIC, GEORGE
Address: 300 N COIT STE. 350
City-St-Zip: RICHARDSON, TX 75080

Title: VCVP () Delete
Name: KRAFT, MIKE
Address: 2814 SPRING ST #122
City-St-Zip: ATLANTA, GA 30339

Title: SD (X) Delete
Name: KRAFT, MIKE
Address: 2814 SPRING ST #122
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MANNING, TOM
Address: 377 WEAVERVILLE HIGHWAY, SUITE 3
City-St-Zip: ASHEVILLE, NC 28804

Title: VP (X) Change () Addition
Name: KATOSIC, GEORGE
Address: 300 NORTH COIT ROAD, SUITE 350
City-St-Zip: RICHARDSON, TX 75080

Title: PD (X) Change () Addition
Name: KRAFT, MICHAEL C
Address: 377 WEAVERVILLE HIGHWAY, SUITE 3
City-St-Zip: ASHEVILLE, NC 28804

Title: T (X) Change () Addition
Name: COWAN, BOBBIE
Address: P.O. BOX 410
City-St-Zip: PEGRAM, TN 37143

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. KRAFT

PD

07/26/2007

Electronic Signature of Signing Officer or Director

Date