

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004516

Entity Name: ANTHUS LIFE CORP

FILED  
Apr 13, 2012  
Secretary of State

## Current Principal Place of Business:

8640 PHILIPS HWY. BLDG 1, STE 5  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

8640 PHILIPS HIGHWAY  
BUILDING 1, SUITE 5  
JACKSONVILLE, FL 32256

## Current Mailing Address:

8640 PHILIPS HWY. BLDG 1, STE 5  
JACKSONVILLE, FL 32256

## New Mailing Address:

8640 PHILIPS HIGHWAY  
BUILDING 1, SUITE 5  
JACKSONVILLE, FL 32256

FEI Number: 27-0453417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELLWIG, PETER  
14951 WALDEN SPRINGS WAY #502  
JACKSONVILLE, FL 32258 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: PST  
Name: HELLWIG, PETER  
Address: 8640 PHILIPS HWY. BLDG 1, STE 5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR  
Name: KATAYAMA, KENJI  
Address: 8640 PHILIPS HWY. BLDG 1, STE 5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR  
Name: BRED A, CHRISTIAN  
Address: 8640 PHILIPS HWY. BLDG 1, STE 5  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: PETER HELLWIG

PST

04/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date