

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50280

Entity Name: LIFE CYCLES, INC.

FILED  
Jan 18, 2007  
Secretary of State

## Current Principal Place of Business:

8910 N.DALE MABRY,  
SUITE 23  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

8910 N.DALE MABRY  
SUITE 23  
TAMPA, FL 33614 US

## New Mailing Address:

FEI Number: 59-2133842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUTTLE, JOANNE W  
8910 N.DALE MABRY, SUITE 23  
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: TUTTLE, JOANNE WALLACE  
Address: 8503 WOODALL COURT  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: HAYES, TIMOTHY G ESQ  
Address: 21859 STATE RD 54  
City-St-Zip: LUTZ, FL

Title: D ( ) Delete  
Name: MAYWORTH, DEBRAH  
Address: 21859 STATE RD 54  
City-St-Zip: LUTZ, FL

Title: D ( ) Delete  
Name: TREMPER, MARIA C  
Address: 4636 GLENSIDE CIRCLE  
City-St-Zip: TAMPA, FL 33624

## 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 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: MARIA C TREMPER

DIR

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date