

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50280

Entity Name: LIFE CYCLES, INC.

FILED
Jun 15, 2009
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:

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

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

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

Election Campaign Financing Trust Fund Contribution (X).

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 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: JOANNE WALLACE TUTTLE

DIR.

06/15/2009

Electronic Signature of Signing Officer or Director

Date