FILED
Aug 23, 2006 8:00 am
Secretary of State
07-11-2006 90023 024 ***150.00
08-23-2006 90001 001 ***400.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000000650

1. Entity Name
LIFE INTERNATIONAL PRODUCTS, INC.

Principal Place of Business
7401 BAY COLONY DR
NAPLES, FL 34108

Mailing Address
PO BOX 110578
NAPLES, FL 34110

01222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 4748 E Hartman Rd
Suite, Apt. #, etc.
City & State: Columbia City, IN
Zip: 46725
Country

3. Mailing Address: 4748 E Hartman Rd
Suite, Apt. #, etc.
City & State: Columbia City, IN
Zip: 46725
Country

4. FEI Number: 95-4587168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARLICK, THOMAS B
5551 RIDGEWOOD DR
STE 101
NAPLES, FL 34108

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	DTCP	☐ Delete
NAME	DUCHARME, DUANE	
STREET ADDRESS	4748 E HARTMAN RD	
CITY-ST-ZIP	COLUMBIA CITY, IN 46725	
TITLE	DS	☐ Delete
NAME	STUART, RUSSELL	
STREET ADDRESS	8900 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: D DuCharme, Pres. 6-30-06 260-248.4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DUANE DuCHARME