


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H60591	
1. Entity Name KIDNEY LIFE, INC.	

Principal Place of Business 10755 PARK BLVD. N. SUITE B SEMINOLE, FL 33772	Mailing Address P O BOX 47069 SAINT PETERSBURG, FL 33743-7069
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2603601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALTI, JOSSETTE 10755 PARK BLVD. N. SEMINOLE, FL 33772
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPV MALTI, JOSSETTE 5666 SEMINOLE BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MALTI, GERALD II 813 OLD CHARLESTON WAY LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALTI, BILLIE-JO 5849 ORANGE RD. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80002-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Josette S. Malti 1/5/06 727-696-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #