

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60591

Entity Name: KIDNEY LIFE, INC.

FILED  
Jan 04, 2010  
Secretary of State

**Current Principal Place of Business:**

10755 PARK BLVD. N.  
SUITE B  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 47069  
SAINT PETERSBURG, FL 337437069

**New Mailing Address:**

FEI Number: 59-2603601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MALTI, JOSSETTE  
10755 PARK BLVD. N.  
SUITE B  
SEMINOLE, FL 33772 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: DPV  
Name: MALTI, JOSSETTE  
Address: 10755 PARK BLVD N., SUITE B  
City-St-Zip: SEMINOLE, FL 33772

Title: DT  
Name: MALTI, GERALD II  
Address: 813 OLD CHARLESTON WAY  
City-St-Zip: LARGO, FL 33770

Title: DS  
Name: MALTI, BILLIE-JO  
Address: 5849 ORANGE RD.  
City-St-Zip: SEMINOLE, FL 33772

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: JOSSETTE S. MALTI

PRES

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date