2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108726

FILED
Jan 08, 2007
Secretary of State

Entity Name: ATLAST LIFE SOLUTIONS, LLC

Current Principal Place of Business:

822 N HWY A1A
BUILDING C, SUITE 207
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

822 N HWY A1A
BUILDING C, SUITE 207
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 20-5909685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, WALTER C
822 N HWY A1A
BUILDING C, SUITE 207
PONTE VEDRA BEACH, FL 32082 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARSONS, WALTER C
Address: 822 N HWY A1A, BUILDING C, SUITE 207
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete
Name: CAMPANARO, RICHARD W
Address: 822 N HWY A1A, BUILDING C, SUITE 207
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WALTER PARSONS VP 01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date