2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000095108

Entity Name: AFTERLIFE TECHNOLOGIES, LLC

Current Principal Place of Business:

888 BRICKELL KEY DRIVE, NO. 904
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

888 BRICKELL KEY DRIVE, NO. 904
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-3577548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BULMAN, RICHARD C JR.
888 BRICKELL KEY DRIVE, NO. 904
MIAMI, FL 33131 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: MGR ( ) Delete
Name: COOMBS, GERARD S JR.
Address: 15830 KINGSMOOR WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete
Name: BULMAN, RICHARD C JR.
Address: 612 SOUTHEAST FIFTH AVE, STE. 3
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BEYOND R+D, LLC
Address: 612 SOUTHEAST FIFTH AVE, STE. 3
City-St-Zip: FORT LAUDERDALE, FL 33301

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 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: RICHARD C. BULMAN, JR, MGR, BEYOND R+D MGR 05/01/2009

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