


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90041 014 \*\*\*150.00

<b>DOCUMENT # L12937</b>	
1. Entity Name <b>LIFETEX SOUTHEAST, INC.</b>	

Principal Place of Business <b>305 SYLVAN BLVD. WINTER PARK FL 32789 1919 Lakeside Dr Orlando, FL 32803</b>	Mailing Address <b>325 SYLVAN BLVD. WINTER PARK FL 32789</b>
2. Principal Place of Business <b>1919 Lakeside Dr</b>	3. Mailing Address <b>1919 Lakeside Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/05)

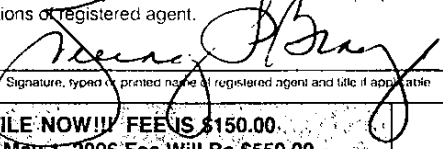
City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32803</b>	Zip <b>32803</b>
Country <b>Orange</b>	Country <b>ORANGE</b>

4. FEI Number <b>59-2972494</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GRAY, MICHAEL L 325 SYLVAN BLVD. WINTER PARK FL 32789 1919 Lakeside Dr Orlando, FL 32803</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE **4/20/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MICHAEL L. <del>325 SYLVAN BLVD.</del> <b>1919 Lakeside Dr</b> <del>WINTER PARK FL 32789</del> <b>Orlando FL 32803</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, WENDY P. <del>325 SYLVAN BLVD.</del> <b>1919 Lakeside Dr</b> <del>WINTER PARK FL 32789</del> <b>Orlando, FL 32803</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other like empowered.

SIGNATURE:  **WENDY P. GRAY** **4/20/06** **407 644 5286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #