

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001662

FILED
Feb 26, 2005
Secretary of State

Entity Name: SUPPLIES FOR LIFE, INC.

Current Principal Place of Business:

355 7TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2680 SE SPRUCE STREET
HILLSBORO, OR 97123

New Mailing Address:

FEI Number: 59-3637146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLSAP, DEB
355 7TH AVENUE SOUTH
NAPLES, FL 34102 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROCKDORF, YULIA
Address: 2680 SOUTHEAST SPRUCE STREET
City-St-Zip: HILLSBORO, OR 97123

Title: DS () Delete
Name: BROCKDORF, STEVEN
Address: 2680 SOUTHEAST SPRUCE STREET
City-St-Zip: HILLSBORO, OR 97123

Title: D () Delete
Name: MILLSAP, DEB
Address: 355 7TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: DT () Delete
Name: KOHLMAYER, KAY
Address: 4060 NW HEESACKER RD
City-St-Zip: FOREST GROVE, OR 97116

Title: D () Delete
Name: SODERHOLM, LARRY
Address: 2890 NE JACKSON SCHOOL RD
City-St-Zip: HILLSBORO, OR 97124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEB MILLSAP

D

02/26/2005

Electronic Signature of Signing Officer or Director

Date