## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002844

FILED May 04, 2007 Secretary of State

Entity Name: HIGH FIVE LIFE DEVELOPMENT CORPORATION

urrent P	rincipal Place of Business:	New Principal Place of Bu	usiness:
	HNSON STREET		
120 EMBROH	KE PINES, FL 33029		
urrent M	lailing Address:	New Mailing Address:	
	HNSON STREET		
120 EMBROH	KE PINES, FL 33029		
	: 65-1023345 FEI Number Applied For ( )		ertificate of Status Desired ( )
	Address of Current Registered Agent	•	w Registered Agent:
61 SW	FESSA 189TH TERRACE 2, FL 33029 US		
061 SW IRAMAR ne above the State	189TH TERRACE 2, FL 33029 US e named entity submits this statement for e of Florida.	the purpose of changing its registered offic	ce or registered agent, or both,
061 SW IRAMAR ne above the State	189TH TERRACE 2, FL 33029 US e named entity submits this statement for e of Florida.		ce or registered agent, or both,
061 SW IRAMAR he above the State	189TH TERRACE  P., FL 33029 US  In named entity submits this statement for second entity submits.  In this statement for second entity submits.	Agent	
61 SW RAMAR ne above the State GNATU	189TH TERRACE  P., FL 33029 US  In named entity submits this statement for the conference of Florida.  RE:  Electronic Signature of Registered	Agent ADDITIONS/CHANGES TO	Date
e: me: dress:	189TH TERRACE 2, FL 33029 US  e named entity submits this statement for e of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  D () Delete  LOMAX, WAYNE 2105 SW 166 AVE	ADDITIONS/CHANGES TO Title: ( ) Ch Name: Address: City-St-Zip:	Date  Dofficers AND DIRECTOR

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 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: WAYNE LOMAX D 05/04/2007