

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000956

Entity Name: LIFE2 FOUNDATION, INC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

7001 WEST SUNRISE BOULEVARD
PLANTATION, FL 33313

New Principal Place of Business:

3111 SW 192ND AVENUE
MIRAMAR, FL 33029 US

Current Mailing Address:

7001 WEST SUNRISE BOULEVARD
PLANTATION, FL 33313

New Mailing Address:

3111 SW 192ND AVENUE
MIRAMAR, FL 33029 US

FEI Number: 01-0677191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUNDE, BLAKE N
7001 WEST SUNRISE BOULEVARD
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

LUNDE, BLAKE N
3111 SW 192ND AVENUE
MIRAMAR, FL 33029 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ENGEBRETSEN, TRINE
Address: 7001 WEST SUNRISE BOULEVARD
City-St-Zip: PLANTATION, FL 33313

Title: VD () Delete
Name: GAFFNEY, BARBARA
Address: 7001 WEST SUNRISE BOULEVARD
City-St-Zip: PLANTATION, FL 33313

Title: TD () Delete
Name: LUNDE, BLAKE N
Address: 7001 WEST SUNRISE BOULEVARD
City-St-Zip: PLANTATION, FL 33313

Title: PD (X) Delete
Name: LAURENTI, LYNN
Address: 7001 WEST SUNRISE BOULEVARD
City-St-Zip: PLANTATION, FL 33313

Title: D (X) Delete
Name: MURRAY, KELLY
Address: 7001 WEST SUNRISE BOULEVARD
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAFFNEY, BARBARA
Address: 3111 SW 192ND AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: VD (X) Change () Addition
Name: MURRAY, KELLY
Address: 3111 SW 192ND AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: TD (X) Change () Addition
Name: LUNDE, BLAKE N
Address: 3111 SW 192ND AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

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 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: BLAKE N. LUNDE

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date