

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007131

**FILED**  
**Aug 31, 2004**  
**Secretary of State****Entity Name:** LIFE TOOLS, INC.**Current Principal Place of Business:**2582 SOUTH MAQUIRE ROAD  
186  
OCOOE, FL 34761 US**New Principal Place of Business:****Current Mailing Address:**2582 SOUTH MAQUIRE ROAD  
186  
OCOOE, FL 34761 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, SHELDON  
22980 LYNX COURT  
SORRENTO, FL 32776 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:** P ( ) Delete  
**Name:** WILSON, SHELDON L  
**Address:** 22980 LYNX COURT  
**City-St-Zip:** SORRENTO, FL 32776 US**Title:** SEC ( ) Delete  
**Name:** MITCHELL, RONALD  
**Address:** 5832 LAKE MILLROSE DRIVE  
**City-St-Zip:** ORLANDO, FL 32829 US**Title:** MEM ( ) Delete  
**Name:** LONG, VERNON  
**Address:** 3490 ROUTE ONE NORTH, SUITE 17  
**City-St-Zip:** PRINCETON, NJ 08544**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:**

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: SHELDON WILSON

P

08/31/2004

Electronic Signature of Signing Officer or Director

Date