2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# N03000009096

Entity Name: MO' LIFE INC.

Current Principal Place of Business:

544 N. MAIN STREET
CRESTVIEW FL, FL 32536

New Principal Place of Business:

BOX 1500
CRESTVIEW FL, FL 32536

Current Mailing Address:

BOX 1500
CRESTVIEW FL, FL 32536

New Mailing Address:

FEI Number: 90-0111292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TUCKER, THOMAS D IV
BOX 1500
CRESTVIEW, FL 32536 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: TUCKER, TERESA N
Address: 438 ALONZO DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP ( ) Delete
Name: TUCKER, THOMAS D
Address: 438 ALONZO DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete
Name: ENGLISH, SHELIA
Address: BOX 1500
City-St-Zip: CRESTVIEW, FL 32536

Title: S ( ) Delete
Name: FRAZIER, JESSICA
Address: BOX 1500
City-St-Zip: CRESTVIEW, FL 32536

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. TUCKER IV CP 07/18/2006

Electronic Signature of Signing Officer or Director — Date