2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010048

Address:

City-St-Zip:

MIAMI, FL 33177

FILED Jan 08, 2004 Secretary of State

Entity Name: LYFE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6235 KENDALL LAKES CIRCLE, C-238 MIAMI, FL 33183 **Current Mailing Address: New Mailing Address:** P.O. BOX 56622 VILLAGE OF PINCREST, FL 33256 FEI Number: 20-0410521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRAY, JULIEN 6235 KENDALL LAKES CIRCLE, C-238 MIAMI, FL 33183 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WRAY, STEPHANIE Name: Name: Address: 6235 KENDALL LAKES CIRCLE, C-238 Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WHEELER, KENNETH Name: Address: 17464 SW 19TH STREET Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition SURRANCY, NATHANIEL Name: Name: PO BOX 771704

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.

Address:

City-St-Zip:

SIGNATURE: JULIAN WRAY D 01/08/2004