

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010048

Entity Name: LYFE FOUNDATION, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

6235 KENDALL LAKES CIRCLE, C-238
MIAMI, FL 33183

New Principal Place of Business:

8850 SW 196TH DRIVE
MIAMI, FL 33157

Current Mailing Address:

P.O. BOX 56622
VILLAGE OF PINCREST, FL 33256

New Mailing Address:

P.O. BOX 566022
VILLAGE OF PINCREST, FL 33256

FEI Number: 20-0410521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRAY, JULIEN
6235 KENDALL LAKES CIRCLE, C-238
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

WRAY, JULIEN
P.O. BOX 566022
MIAMI, FL 33256 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: JULIEN WRAY

04/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRAY, STEPHANIE
Address: 6235 KENDALL LAKES CIRCLE, C-238
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: WHEELER, KENNETH
Address: 17464 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: SURRENCY, NATHANIEL
Address: PO BOX 771704
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WRAY, STEPHANIE
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256

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: STEPHANIE WRAY

V

04/04/2005

Electronic Signature of Signing Officer or Director

Date