

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010048

Entity Name: LYFE FOUNDATION, INC.

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

8850 SW 196TH DRIVE
MIAMI, FL 33157

New Principal Place of Business:

5300 NW 33RD AVE
STE. 202
FT. LAUDERDALE, FL 33309

Current Mailing Address:

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

New Mailing Address:

5300 NW 33RD AVE
STE. 202
FT. LAUDERDALE, FL 33309

FEI Number: 20-0410521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRAY, JULIEN
P.O. BOX 566022
MIAMI, FL 33256 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: V () Delete
Name: WRAY, STEPHANIE
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BM (X) Change () Addition
Name: WHEELER, KENNETH
Address: 17464 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: BM (X) Change () Addition
Name: SURRANCY, NATHANIEL
Address: PO BOX 771704
City-St-Zip: MIAMI, FL 33177

Title: BM () Change (X) Addition
Name: POITIER, SIDNEY
Address: 720 SW 94TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

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

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: JULIEN WRAY

ED

03/29/2006

Electronic Signature of Signing Officer or Director

Date