2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# N04000005295

Entity Name: LIFE TO THE MAX, INC

Current Principal Place of Business:

23394 MEADOW VIEW DRIVE
DOWLING PARK, FL 32060

New Principal Place of Business:

Current Mailing Address:

PO BOX 4817
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 43-2052610 **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:

RANKIN, AMANDA
23394 MEADOW VIEW RD.
DOWLING PARK, FL 32060 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:	D	( ) Delete
Name:	RANKIN, AMANDA M	
Address:	PO BOX 4740	
City-St-Zip:	DOWLING PARK, FL 32064	
Title:	ST	( ) Delete
Name:	LEBO, LENORE B	
Address:	PO BOX 4788	
City-St-Zip:	DOWLING PARK, FL 32064	
Title:	BM	( ) Delete
Name:	RANKIN, ANTHONY	
Address:	PO BOX 4740	
City-St-Zip:	DOWLING PARK, FL 32064	
Title:	BM	( ) Delete
Name:	LEBO, BURTON	
Address:	PO BOX 4788	
City-St-Zip:	DOWLING PARK, FL 32064	
Title:	BM	( ) Delete
Name:	HARRIS, KATHERINE P	
Address:	ROUTE 1, BOX 3358	
City-St-Zip:	MADISON, FL 32340	
Title:	BM	( ) Delete
Name:	MELLOR, ANITA	
Address:	23168 104TH ST.	
City-St-Zip:	LIVE OAK, FL 32060	

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:	
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: AMANDA RANKIN EX D 08/02/2006

Electronic Signature of Signing Officer or Director — Date