

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008164

FILED
Mar 28, 2007
Secretary of State

Entity Name: HOOKED ON LIFE, INC.

Current Principal Place of Business:

1466 GRANDVIEW BLVD.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1466 GRANDVIEW BLVD.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 68-0613570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOE D
1466 GRANDVIEW BLVD.
KISSIMMEE, FL 34744 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: DIR () Delete
Name: WILLIAMS, JOE D
Address: 1466 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: DIR () Delete
Name: WILLIAMS, AUDREY E
Address: 1466 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: DIR () Delete
Name: BEAVER, KARLA R
Address: 1605 LUND AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: DIR () Delete
Name: WILLIAMS, DARRELL G
Address: 104 DUSTIN CIRCLE
City-St-Zip: WEATHERFORD, TX 76087

Title: DIR () Delete
Name: MCCLAIN, JAMES
Address: 9822 NOTESTINE RD
City-St-Zip: FT WAYNE, IN 46835

Title: DIR () Delete
Name: PULLEN, CHARLES SR
Address: 5623 BOGGY CREEK RD
City-St-Zip: ORLANDO, FL 32824

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
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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: JOE WILLIAMS

DIR

03/28/2007

Electronic Signature of Signing Officer or Director

Date