

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000018

FILED
Jan 07, 2008
Secretary of State

Entity Name: DADS 4LIFE, INC.

Current Principal Place of Business:

10353 OLD PLANK ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

10353 OLD PLANK ROAD
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 20-3696683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOWERS, KEITH M
10353 OLD PLANK ROAD
JACKSONVILLE, FL 32220 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: JOWERS, KEITH M
Address: 10353 OLD PLANK ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: WEBBER, LOU
Address: 5560 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: WILSON, CHARLES
Address: 3030 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WALLER, RICK
Address: 7046 ROMANO BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: PRICE, JAMES
Address: 10302 DEEWOD PARK DRIVE ST 104
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: TRAVIS, CHARLES D
Address: 9200 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL 32211

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 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: KEITH M. JOWERS

DIR

01/07/2008

Electronic Signature of Signing Officer or Director

Date