2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N06000006528

Entity Name: BREATH OF LIFE, INC.

Current Principal Place of Business:

8001-66TH STREET NORTH
PINELLAS PARK, FL 33871

New Principal Place of Business:

1900 EAST BAY DRIVE
LARGO, FL 33771

Current Mailing Address:

8001-66TH STREET NORTH
PINELLAS PARK, FL 33871

New Mailing Address:

1900 EAST BAY DRIVE
LARGO, FL 33771

FEI Number: 20-5120368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BACON, DAVID A ESQ
2959 FIRST AVE NORTH
ST PETERSBURG, FL 33713 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: DO ( ) Delete
Name: SHIELDS, STEPHEN J MD
Address: 8001-66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33871

Title: DO ( ) Delete
Name: ARRINGTON, KATHY
Address: 8001-66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33871

Title: DO ( ) Delete
Name: STEUER, MICHAEL E CPA
Address: 8001-66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change ( ) Addition
Name: SHIELDS, STEPHEN J MD
Address: 12701 FRANK DRIVE N
City-St-Zip: SEMINOLE, FL 33776

Title: DO (X) Change ( ) Addition
Name: ARRINGTON, KATHY
Address: 5400 50TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33709

Title: DO (X) Change ( ) Addition
Name: STEUER, MICHAEL E CPA
Address: 2613 BELLHURST DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: MICHAEL E. STEUER, CPA DIR 04/20/2007

Electronic Signature of Signing Officer or Director — Date