

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 02, 2011
Secretary of State

DOCUMENT# N06000006528

Entity Name: BREATH OF LIFE, INC.**Current Principal Place of Business:**1900 EAST BAY DRIVE
LARGO, FL 33771**New Principal Place of Business:****Current Mailing Address:**1910 EAST BAY DRIVE
LARGO, FL 33771**New Mailing Address:****FEI Number:** 20-5120368**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688 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: DP
Name: BOURLAND, BARBARA MD
Address: 378 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: DV
Name: KING, MILTON
Address: 9813 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626

Title: DT
Name: STUART, RODERICK CPA
Address: 1539 RIDGEWOOD STREET
City-St-Zip: CLEARWATER, FL 33755

Title: DS
Name: HUTH, MICHAEL
Address: 15305 WIND WHISPER DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DC
Name: PITCHON, SOL
Address: 467 BRIDLE PATH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D
Name: PILKINGTON, DAVID
Address: 7295 SAVOY COURT
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: SOL PITCHON

CEO

09/02/2011

Electronic Signature of Signing Officer or Director

Date