

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007655

FILED
Apr 22, 2008
Secretary of State

Entity Name: BEAT 4 LIFE INC.

Current Principal Place of Business:

1223 NE 23 AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1223 NE 23 AVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 45-0569010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXTER, AMY T
1223 NE 23 AVE
POMPANO BEACH, FL 33062 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: BAXTER, AMY T
Address: 1223 NE 23 AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: BAXTER, EDWIN Y
Address: 121 SE 9TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: APPLGATE, CAROLYN
Address: 4600 BRIARCLIFF LANE
City-St-Zip: COCONUT CREEK, FL 33066

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:

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: AMY T. BAXTER

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date