

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2009  
Secretary of State**

DOCUMENT# N07000007655

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAXTER, AMY T  
1223 NE 23 AVE  
POMPANO BEACH, FL 33062      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BAXTER, AMY T  
Address: 1223 NE 23 AVE  
City-St-Zip: POMPANO BEACH, FL 33062

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date