

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N07000009511

Entity Name: STREAMS OF LIFE INC

Current Principal Place of Business:

5143 POMPANO RD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

5143 POMPANO RD
VENICE, FL 34293

New Mailing Address:

FEI Number: 26-0855299 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:

KOVAL, TATYANA
5855 CASANOVA AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

ANDREYEVA, LYUDMILA
5143 POMPANO RD.
VENICE, FL 34293 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: L.ANDREYEVA

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GAVRYLYUK, NADIYA
Address: 4 ALEKSANDRIYSKAYA ST, APT#68
City-St-Zip: ILYECHEVSK, UKRAINE, UK 68002

Title: VP () Delete
Name: ANDREYEVA, LYUDMILA
Address: 5143 POMPANO RD
City-St-Zip: VENICE, FL 34293

Title: D (X) Delete
Name: SOLOVYEV, ANATOLIY
Address: 851 PORPOISE RD
City-St-Zip: VENICE, FL 34293

Title: D (X) Delete
Name: KOVAL, TATYANA
Address: 5855 CASANOVA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: BELETSKAYA, LIDIYA
Address: 6259 VERK LANE
City-St-Zip: CITRUS HEIGHTS, CA 95621

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:

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: L.ANDREYEVA

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date