

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

**FILED  
Mar 31, 2009  
Secretary of State**

DOCUMENT# N07000011215

Entity Name: FRIENDS 4 LIFE, INC.

**Current Principal Place of Business:**

3300 NORTH STATE ROAD 7, UNIT 876  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

55 LAKE HENRY DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

55 LAKE HENRY DRIVE  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 33-1197088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAPPAS, SUNDAY  
55 LAKE HENRY DRIVE  
LAKE PLACID, FL 33852      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: P      ( ) Delete  
Name: PAPPAS, SUNDAY  
Address: 55 LAKE HENRY DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: S      ( ) Delete  
Name: WHITFIELD, JAMES  
Address: P.O. BOX 2861  
City-St-Zip: CLEWISTON, FL 33440

Title: V      ( ) Delete  
Name: HERNANDEZ, MAGALEY  
Address: 80 WEST 43 ST  
City-St-Zip: HIALEAH, FL 33012

**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: SUNDAY PAPPAS

T

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date