## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006482

FILED Apr 30, 2009 Secretary of State

Entity Name: LIFE MOBILES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:		New Prince	New Principal Place of Business:		
	AGRAPE DRIVE ERCE, FL 34982	US			
current Mailing Address:		New Mailing Address:			
O. BOX	13505 RCE, FL 34979	US			
El Number	: 26-3102255 i	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificat	e of Status Desired (X)
lame and	d Address of Cur	rent Registered Agent:	Name and	Address of New Regi	stered Agent:
110 SEÁ	CHERYL A GRAPE DRIVE :RCE,, FL 34982	US			
	e named entity sub e of Florida.	mits this statement for the	purpose of changing	its registered office or re	egistered agent, or bot
the Stat	e of Florida. É RE:			its registered office or re	egistered agent, or bot
the Stat	e of Florida. É RE:	mits this statement for the			egistered agent, or bot Date
n the Stat	e of Florida. É RE:	Signature of Registered Ag	ent		Date
the State IGNATU  FFICER  tle: ame: ddress:	e of Florida.  RE: Electronic s	Signature of Registered Ag <b>RS:</b> lete DRIVE	ent	[	Date
n the State  CIGNATU  DFFICER  itle: aame: ddress: ity-St-Zip: itle: aame: ddress:	e of Florida.  RE: Electronic 3  S AND DIRECTO  P () De SAMPLE, CHERYL 5110 SEAGRAPE I	Signature of Registered Ag  RS:  lete  DRIVE 34982 US  lete N S DRIVE	ent  ADDITION  Title: Name: Address:	IS/CHANGES TO OFFI	Date ICERS AND DIRECTO ) Addition ) Addition
the Stat	e of Florida.  RE:  Electronic S  S AND DIRECTO  P () De  SAMPLE, CHERYL  5110 SEAGRAPE I  FORT PIERCE, FL  VP () DE  SAMPLE, STEPHE  5110 SEAGRAPE I	Signature of Registered Ag  RS:  lete  DRIVE 34982 US  lete N S DRIVE 34982 US	ent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name: Address:	IS/CHANGES TO OFFI  ( ) Change (  VP (X) Change (  RICHWINE, PENNIE  5900 CITRUS AVE.	Date CERS AND DIRECTO Addition Addition US Addition

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: CHERYL A. SAMPLE P 04/30/2009