

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007804

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** FORMULA ONE LIFE, INC.

**Current Principal Place of Business:**

4064 ALCOTT CIR.  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

4064 ALCOTT CIR.  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 27-0804647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVIN, MARY B  
4064 ALCOTT CIR.  
ORLANDO, FL 32828 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  
Name: LAVIN, MARY B  
Address: 4064 ALCOTT CIR.  
City-St-Zip: ORLANDO, FL 32828 US

Title: D  
Name: BRANAS, ANDREA  
Address: 96 MAPLE ST.  
City-St-Zip: WEST ORANGE, NJ 07052 US

Title: S  
Name: LAVIN-RAMOS, MICHELLE  
Address: 14121 TANJA KING BLVD.  
City-St-Zip: ORLANDO, FL 32828 US

Title: VPT  
Name: RAMOS, MEL  
Address: 14121 TANJA KING BLVD.  
City-St-Zip: ORLANDO, FL 32828 US

Title: D  
Name: DOONAN, SUMMERS  
Address: 14660 TANJA KING BLVD.  
City-St-Zip: ORLANDO, FL 32828 US

Title: D  
Name: MARINO, ANA  
Address: 5495 PIRE AVE.  
City-St-Zip: SAN DIEGO, CA 92122 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LAVIN-RAMOS

S

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date