

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004158

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: THE POWER OF LIFE, INC.

**Current Principal Place of Business:**

10755 PARK BLVD. N  
SUITE B  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10755 PARK BLVD. N  
SUITE B  
SEMINOLE, FL 33772

**New Mailing Address:**

10562 ALVARADO CT  
SEMINOLE, FL 33772

FEI Number: 45-1287660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MALTI, JOSSETTE S  
10755 PARK BLVD. N  
SUITE B  
SEMINOLE, FL 33772 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: PD  
Name: FASTJE, KAREN  
Address: 474 41ST AVENUE N  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: TD  
Name: FAURI, NICOLE  
Address: 4901 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VD  
Name: BATES, STEPHANIE  
Address: 1332 26TH AVENUE S  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: SD  
Name: JOHNSON, ELFRIEDA  
Address: 932 22ND STREET S #4  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: CFO  
Name: HUGHES, DAVID M  
Address: 10562 ALVARADO CT  
City-St-Zip: SEMINOLE, FL 33772 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: DAVID M HUGHES

CFO

04/29/2012

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

\_\_\_\_\_  
Date