


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005342	
1. Entity Name PHASES OF LIFE INC.	

Principal Place of Business T211 NW 102 Street Miami, FL 33147 US (Temporary)	Mailing Address P O BOX 681192 MIAMI, FL 33168-1192 US
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DO NOT WRITE IN THIS SPACE

**FILED**  
**Jun 15, 2005 8:00 A.M.**  
**Secretary of State**



06052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0453502	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEFLORE, TERESA D 1211 NW 102ND STREET MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LEFLORE, TERESA D 1211 N.W. 102 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIS, CHRYSTEL P 18312 NW 68 AVE #J MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STORR, HAROLYNN L 12425 NW 20TH COURT MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIS, RONALD 3370 NW 198TH TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, KIMBERLY C 22 S.W. 5TH AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ALEXANDRE, ELLAR P 3725 NW 202ND STREET MIAMI, FL 33055

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa D. LeFlore 06/06/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #