

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005342

FILED
Apr 28, 2006
Secretary of State

Entity Name: PHASES OF LIFE INC.

Current Principal Place of Business:

1211 N.W. 102 STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 681192
MIAMI, FL 331681192 US

New Mailing Address:

FEI Number: 65-0453502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEFLORE, TERESA D
1211 NW 102ND STREET
MIAMI, FL 33147 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: MD () Delete
Name: LEFLORE, TERESA D
Address: 1211 N.W. 102 STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: WILLIS, CHRYSTEL P
Address: 18312 NW 68 AVE #J
City-St-Zip: MIAMI, FL 33015

Title: C () Delete
Name: STORR, HAROLYNN L
Address: 12425 NW 20TH COURT
City-St-Zip: MIAMI, FL 33167

Title: T () Delete
Name: WILLIS, RONALD
Address: 3370 NW 198TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: FORD, KIMBERLY C
Address: 22 S.W. 5TH AVENUE
City-St-Zip: DANIA, FL 33004

Title: VC () Delete
Name: ALEXANDRE, ELLAR P
Address: 3725 NW 202ND STREET
City-St-Zip: MIAMI, FL 33055

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:

Title: () Change () Addition
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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 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: TERESA D. LEFLORE

MD

04/28/2006

Electronic Signature of Signing Officer or Director

Date