2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2010
Secretary of State

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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:

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

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
Name: LEFLORE, TERESA D
Address: 1211 N.W. 102 STREET
City-St-Zip: MIAMI, FL

Title: S
Name: WILLIS, CHRYSTEL P
Address: 16961 N.W. 75TH COURT
City-St-Zip: MIAMI, FL 33015

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

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

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

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

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: TERESA D. LEFLORE MD 04/08/2010
Electronic Signature of Signing Officer or Director Date