2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N96000003623

Entity Name: KINGDOM LIFE INC.

Current Principal Place of Business:

1664 RIFLE RANGE ROAD
WAHNETA, FL 33880

New Principal Place of Business:

1816 6TH ST. S.E.
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 2963
WINTER HAVEN, FL 33883

New Mailing Address:

1816 6TH ST. S.E.
WINTER HAVEN, FL 33880

FEI Number: 59-3375947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, NORMAN
1816 6TH ST SE
WINTER HAVEN, FL 33880 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 ( ) Delete
Name: COX, NORMAN
Address: 1816 6TH ST SE
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete
Name: BREWER, CHRISTOPHER
Address: 305 OVEROCKER CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: COLLINS, BRANDON
Address: 87 N. LAKESHORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COLLINS, BRANDON
Address: 8762 JAMESTOWN
City-St-Zip: WINTER HAVEN, FL 338880

I hereby certify that the information supplied with this filing does not qualify 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: NORMAN COX PRES 05/12/2008
Electronic Signature of Signing Officer or Director — Date