

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004245

FILED
Apr 25, 2008
Secretary of State

Entity Name: BRIGHTER LIFE INC.

Current Principal Place of Business:

4430 PORPOISE DR
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291986
TAMPA, FL 33687

New Mailing Address:

FEI Number: 31-1474629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, LATOSHA
4403 JOHN BELL DR
TAMPA, FL 33610 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/D () Delete
Name: JACOBS, LATOSHA
Address: 4403 JOHN BELL DR
City-St-Zip: TAMPA, FL 33610

Title: SD () Delete
Name: JACOBS, CHEVELLA
Address: 3038 38TH ST
City-St-Zip: TAMPA, FL 33605

Title: DT () Delete
Name: MCDONALD, IRIS
Address: 12768 PALMER CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: CHISHOLM, WINONA
Address: 1304 E OSBORNE AVE
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RANDLE, MOZELLA
Address: 4430 PORPOISE DR.
City-St-Zip: TAMPA, FL 33617

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: LATOSHA JACOBS

P/D

04/25/2008

Electronic Signature of Signing Officer or Director

Date