

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N97000002476 | |
| 1. Entity Name LIFE'S REQUITE, INC. | |
| Principal Place of Business 15900 GULF BLVD REDINGTON BEACH, FL 33708 | Mailing Address 15900 GULF BLVD REDINGTON BEACH, FL 33708 |



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 59-3446719 | 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 SANSONE, T A 15900 GULF BLVD REDINGTON BEACH, FL 33708 | 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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000538314
02/28/07-80005-009 70.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SANSONE, THOMAS A BOX 104, 1333 SNELL ISLE BLVD., NE ST. PETERSBURG, FL 33704 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANSONE, LAURA A 15900 GULF BLVD. REDINGTON BEACH, FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANSONE, JEFFREY T 15980 GULF BLVD REDINGTON BEACH, FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D UNRUH, CATHY L 15900 GULF BV SAINT PETERSBURG, FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07
Date

727-456-5305
Daytime Phone #