2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N97000002476

Entity Name: LIFE'S REQUITE, INC.

Current Principal Place of Business:

15900 GULF BLVD
REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

15900 GULF BLVD
REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3446719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANSONE, T A
15900 GULF BLVD
REDINGTON BEACH, FL 33708 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: PST ( ) Delete
Name: SANSONE, THOMAS A
Address: BOX 104, 1333 SNELL ISLE BLVD., NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete
Name: SANSONE, LAURA A
Address: 15900 GULF BLVD.
City-St-Zip: REDINGTON BEACH, FL 33708

Title: D ( ) Delete
Name: SANSONE, JEFFREY T
Address: 15980 GULF BLVD
City-St-Zip: REDINGTON BEACH, FL 33708

Title: D ( ) Delete
Name: UNRUH, CATHY L
Address: 15900 GULF BV
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SANSONE, THOMAS A
Address: 15900 GULF BLVD.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: ( ) Change ( ) Addition
Name:
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 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: THOMAS A. SANSONE PST 03/10/2009

Electronic Signature of Signing Officer or Director — Date