

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90036 016 ****61.25

DOCUMENT # N98000000206

1. Entity Name
LIFEWORCS COMMUNICATIONS, INC.



Principal Place of Business
**1850 LEE ROAD
SUITE 250
WINTER PARK, FL 32789 US**

Mailing Address
**P.O. BOX 1512
WINTER PARK, FL 32790**



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~SHUFFIELD, W. CHARLES~~ **Sikes, Ronald W**
~~346 E. ROBINSON ST. SUITE 600~~ **310 S. Dillard Street**
~~ORLANDO, FL 32804~~ **Suite, 120**
Winter Garden, FL 34787

**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, the registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, CLINTON D 2150 GREYSTONE TR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANO, JOSEPH A 950 COBBLE COURT 841 Braemar Lane LONGWOOD, FL 32750 Deland, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, MAY 2518 DOVETAIL TRAIL OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOHN 880 MYRTLE GROVE LANE 2570 SR13 RICHMOND HILL, GA 31334 Switzerland, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-08