2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N99000004211

Entity Name: VINELIFE NETWORK, INC.

Current Principal Place of Business:

1828 KIMBERLY LANE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

1828 KIMBERLY LANE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 31-1665825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRKEY, DAVID L
1828 KIMBERLY LANE
INVERNESS, FL 34452 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:	PD	( ) Delete
Name:	SHIRKEY, DAVID L	
Address:	1828 KIMBERLY LN	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	TAYLOR, CARLTON	
Address:	1041 S KNOBCREEK RD	
City-St-Zip:	SEYMOUR, TN 37865	
Title:	TSD	( ) Delete
Name:	SHIRKEY, JENNIE C	
Address:	1828 KIMBERLY LN	
City-St-Zip:	INVERNESS, FL 34452	
Title:	VD	( ) Delete
Name:	SNYDER, TOM	
Address:	1320 ROCK SPRINGS DR	
City-St-Zip:	MELBOURNE, FL 32940	

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:	

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: DAVID L. SHIRKEY PD 02/14/2008

Electronic Signature of Signing Officer or Director — Date