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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 SEP 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50057149

DOCUMENT # P00000099637

1. Entity Name
GARDEN OF LIFE, INC.

Principal Place of Business	Mailing Address
5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1048040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAMP, MARK 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS RUBIN, JORDAN S 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT U. CRAVEN 5500 N. VILLAGE BLVD., STE. 202 WEST PALM BEACH, FL 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO CRAVEN, ROBERT U 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUBIN, NICOLE D 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF FINANCIAL OFFICER BRIAN RAY 5500 N. VILLAGE BLVD., STE. 202 WEST PALM BEACH, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF BUS. AFFAIRS OFFICER & GENERAL COUNSEL MARK M. KAMP 5500 N. VILLAGE BLVD., STE. 202 WEST PALM BEACH, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Mark M Kamp 7/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #