

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 021 ***150.00

DOCUMENT # P00000099637					
1. Entity Name GARDEN OF LIFE, INC.					
Principal Place of Business 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407			Mailing Address 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-1048040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Shari Gottesman, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5500 VILLAGE BLVD - SUITE 202</u> City <u>WEST PALM BEACH</u> FL Zip Code <u>33407</u>	
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 <u>Shari Gottesman, Esq.</u> ASSISTANT GENERAL COUNSEL DATE <u>4/12/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO RUBIN, JORDAN S 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas D. Arts 6440 DUBLIN BLVD - SUITE D-209 San Diego, CA 92121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCEO HORN, GREGORY T 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brian P. Arts 1125 E. 1st Ave Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KAMP, MARK M 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALMADA, ANTHONY L GC 19 STONEY POINTE LAGUNA NIGUEL, CA 92677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AXSON, DAVID A.J. 1464 WILLOW LANE AKRON, OH 44333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLE, JONATHAN 350 E. LAS OLAS BLVD., SUITE 1150 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Jordan S Rubin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/07</u> <small>Daytime Phone #</small>		