

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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent KAMP, MARK 5500 N. VILLAGE BLVD - SUITE 202 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent 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>[Signature]</u> <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	CEO CEO	<input type="checkbox"/> Delete	TITLE	D D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, JORDAN S		NAME	Thomas D. Arts Thomas D. Arts	
STREET ADDRESS	5500 N. VILLAGE BLVD - SUITE 202		STREET ADDRESS	6440 Dillard St 6440 Dillard St	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	San Diego, CA 92121 San Diego, CA 92121	
TITLE	VCEO	<input checked="" type="checkbox"/> Delete	TITLE	D D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORN, GREGORY T		NAME	Brian Brian	
STREET ADDRESS	5500 N. VILLAGE BLVD - SUITE 202		STREET ADDRESS	TIDE LANE TIDE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMP, MARK M		NAME		
STREET ADDRESS	5500 N. VILLAGE BLVD - SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMADA, ANTHONY L GC		NAME		
STREET ADDRESS	19 STONEY POINTE		STREET ADDRESS		
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXSON, DAVID A.J.		NAME		
STREET ADDRESS	1464 WILLOW LANE		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JONATHAN		NAME		
STREET ADDRESS	350 E. LAS OLAS BLVD., SUITE 1150		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
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>[Signature]</u>			Date <u>4/25/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1048040 Applied For Not Applicable

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