2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P00000099637

Entity Name: GARDEN OF LIFE, INC.

Current Principal Place of Business:

5500 N. VILLAGE BLVD - SUITE 202
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5500 N. VILLAGE BLVD - SUITE 202
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1048040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAMS, JEFFREY B ESQ
5500 N. VILLAGE BLVD - SUITE 202
WEST PALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	RUBIN, JORDAN S	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	P	( ) Delete
Name:	RAY, BRIAN	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	GCVP	( ) Delete
Name:	BRAMS, JEFFREY B	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	VP	( ) Delete
Name:	EIBEL, SCOTT	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	VP	( ) Delete
Name:	DEWBERRY, JASON	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	VP	( ) Delete
Name:	SCHMIDT, ERIK	
Address:	5500 N. VILLAGE BLVD - SUITE 202	
City-St-Zip:	WEST PALM BEACH, FL 33407	

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:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY B. BRAMS VP 04/21/2008
Electronic Signature of Signing Officer or Director — Date