2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # P01000027174 1. Entity Name LONGER LIFE, INC.				Secretary of State	
Principal Place 1665 NW 13 MIAMI, FL 3	34 ST	lailing Address 1665 NW 134 ST MAMI, FL 33167			
	O NOT WRITE II				
MCPHRSO 1665 NW MIAMI, FL		stered Agent		DO NOT WRITE IN THIS SPACE	
5. The above the obligate SIGNATURE	named entity submits this statement for the tions of registered agent. Signature, typed or pretted name of registered agent and tide		red affice at register	ered agent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be Ided to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT PD MCPHERSON, DAVDI 1665 NW 134 ST MIAMI, FL 33167	CIOHS		U00000533940 05/06/06-80144-001 158.7	
CRY -ST-2IP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby of the coordinated of	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an altachment with an address with a	iling does not qualify for the ex and accurate and that my sign d to execute this report as requ I other life-hamosysted	ematinas containes	ed in Chapter 119, Florida Statutes. I further certify that the information as same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	