2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # P01000040276** 1. Entity Name THE ETERNAL SOUL & LIFE'S MEANING, INC. "FOR GOD IN HONOR OF TINA DIGIULIO" Principal Place of Business Mailing Address 15023 GULF BLVD. P.O. BOX 1574 MADEIRA BEACH, FL 33708-2023 LARGO, FL 33779 CR2E034 (11/05) 01192008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3716791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent DIGIULIO, MARY L DO NOT WRITE 15023 GULF BLVD. MADEIRA BEACH, FL 33708-2073 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DIGIULIO, MARY L NAME STREET ADDRESS 15023 GULF BLVD. MADEIRA BEACH, FL 337082023 CITY-ST-7/P U00000908098 TITLE 05/08/08-80014-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

> 4-17-08 (727) 733-9191