2003 FOR PROFIT CORPORATION

FILED
May 22, 2003 8:00 an
Secretary of State

UN	ILOUM DOSINE	35 REPUR	ILODU	7	Secreta	iry or S	mic		
DOCUMENT # P01000057874 1. Entity Name SMYRNA LIFE, INC.					04-17-2003 90191 010 ***150.00				
Principal Plan	ce of Business	Mailing Address				5504301	4		
709 FRANCIS	ANCIS AVENUE 1292 PO BOX			ľ	-				
NEW SMYRN	A BEACH FL 32168	NEW SMYRNA BEACH FL	32170-1292	J					
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2. Principal	Place of Business	3. Mailing Address			i kovituati sit katen sieri kaili) karit di	till närdt ktilt jonni inik	CORTIC ASOL INC.		
2919	Valm Drue				. ∩i				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		i i	CHECK HERE IF	MAKING CHANGES			
aCity 8 Sto	lo.	City & State			El Alumbor	 -	oplied For	7-	
City & Sta	range, FL	City d State		t t	27-00/9/039 FOR	 -	ot Applicable	┨	
Zip	Country	Zip	Country		1451	_ \$8.75 Adv		┨	
32	128 1 USA			5. (Certificate of Status Desired	Fee Require		ı	
	6. Name and Address of Current F	Registered Agent		7. P	lame and Address of New Regi	stered Agent		1	
			Name-	r i	1111			1	
MARTIN.	ELIZABETH D 370%			Lizal	DAT D-/ ICU HI	1			
	ICIS AVENUE		Street A	Address (P.S. B	ox Number is Not Acceptable)			l	
₫	YRNA BEACH FL 32168		7/	1 100				1	
TILTY ON	1184A ULAGITTE 02100		<u> </u>	a				1	
4			City	of De	ance	FL 型公	- - -		
8. The above	named entity submits this statement for	the purpose of changing its	registered office o				<i></i>	1	
	tions of registered agent	٠	1 -				•		
‡ *	Muchoth	\- may	9.					J	
SIGNATURE	Signaturis, typed or plysed name of registered agent an	Tipe if applicable. (NOTE	Registered Agent signal	ture required when re	Instaing)	DATE)	
	ILE NOW!!!-FEE IS \$150,00							1	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		i. ⊸⊾	5 . b. v₌	• 9. Election Campaign Financ Trust Fund Contribution, n _t		O May Be to Fees		
10.	OFFICERS AND D	DIRECTORS	11.	. AD	DITIONS/CHANGES TO OFFICE	S AND DIRECTORS	S IN 11	1	
TITLE	D	✓ Defete	TIPLE	Presu	lent .	Change	Addition	3	
NAME	MARTIN, ELIZABETH D	F	NAME	ELizab	eth O. Martin			ğ	
STREET ADDRESS	709 FRANCIS AVENUE		STREET ADDRESS		alm Drug			3	
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NAME		☐ Delete	TITLE NAME			☐ Change	Addition		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

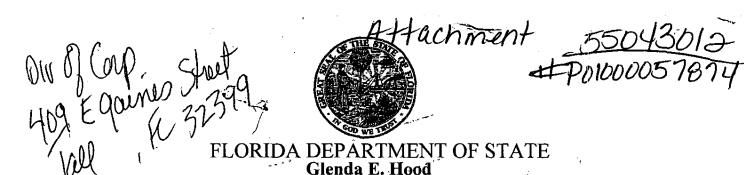
SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #



Secretary of State

April 22, 2003

SMYRNA LIFE, INC. 1292 PO BOX NEW SMYRNA BEACH, FL 32170-1292

Subject: SMYRNA LIFE, INC.

Reference Number: _____P01000057874_

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MJ ANNUAL REPORTS SECTION