FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91866 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80113903

DOCUMENT # P02000006417

1. Entity Name
WAKING UP2 LIFE, INC.

Principal Place of Business	Mailing Address
2898 SE ITALY PORT ST LUCIE, FL 34952	2898 SE ITALY PORT ST LUCIE, FL 34952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☑ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BRANNOM, DAVID S
300 NW ALICE AVE
STUART, FL 34994

7. Name and Address of New Registered Agent
Name: Gregg Kroman
Street Address (P.O. Box Number is Not Acceptable): 4267 NW Federal Hwy, Ste 160
City: Jensen Beach FL Zip Code: 34957

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: Greg Kroman DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KROMAN, GREGG D	NAME	
STREET ADDRESS	2898 SE ITALY	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	CITY-ST-ZIP	
TITLE	COO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROGERS, SKYE	NAME	
STREET ADDRESS	2898 SE ITALY	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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

SIGNATURE: Gregg Kroman 4/30/03 772-337-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #