

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052929

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: GIFT OF LIFE ADOPTIONS, INC.

## Current Principal Place of Business:

4437 PARK BLVD.  
PINELLAS PARK, FL 33782

## New Principal Place of Business:

## Current Mailing Address:

4437 PARK BLVD.  
PINELLAS PARK, FL 33782

## New Mailing Address:

FEI Number: 03-0438266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, CLIFF  
7625 LAETHER FERN CT.  
PINELLAS PARK, FL 33782 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: PS ( ) Delete  
Name: DAVIS, CLIFF  
Address: 4437 PARK BLVD.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VT ( ) Delete  
Name: FRICKER, JOHN  
Address: 4437 PARK BLVD.  
City-St-Zip: PINELLAS PARK, FL 33782

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CLIFF DAVIS

PS

02/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date