


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000109802

1. Entity Name
LIFE STREAM PROPERTIES INC.



Principal Place of Business
**POST OFFICE BOX 15965
PLANTATION, FL 33318**

Mailing Address
**POST OFFICE BOX 15965
PLANTATION, FL 33318**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0812040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARVEY, MICHAEL G
4182 TRENTON AVENUE
COOPER CITY, FL 33028**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVEY, JEAN POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARVEY, MICHAEL G POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARVEY, MARJORIE K POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARVEY, MICHAEL JR. POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80023-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Garvey* **4/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #