

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069060

FILED
Apr 06, 2006
Secretary of State

Entity Name: AFTERLIFE SERVICES, INC.

Current Principal Place of Business:

4691 RAVENSWOOD RD
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

4101 RAVENSWOOD RD
307
FT. LAUDERDALE, FL 33312

Current Mailing Address:

4691 RAVENSWOOD RD
FT. LAUDERDALE, FL 33312

New Mailing Address:

41011 RAVENSWOOD RD
307
FT. LAUDERDALE, FL 33312

FEI Number: 55-0834134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, GARY L
4691 RAVENSWOOD RD.
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

LEVINE, GARY L
4101 RAVENSWOOD RD.
307
FT. LAUDERDALE, FL 33312 US

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:

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: HARRIS, SCOTT
Address: 4691 RAVENSWOOD RD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: LEVINE, GARY L
Address: 4691 RAVENSWOOD RD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP/D () Delete
Name: ATTERMANN, BRUCE
Address: 4691 RAVENSWOOD RD.
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: BISCHOFF, TOM
Address: 4101 RAVENSWOOD RD. STE 307
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D (X) Change () Addition
Name: LEVINE, GARY L
Address: 4101 RAVENSWOOD RD. STE 307
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP/D (X) Change () Addition
Name: ATTERMANN, BRUCE
Address: 4101 RAVENSWOOD RD. STE 307
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY LEVINE

D

04/06/2006

Electronic Signature of Signing Officer or Director

Date