

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069060

Entity Name: AFTERLIFE SERVICES, INC.

FILED
Jun 03, 2008
Secretary of State

Current Principal Place of Business:

4950 TRADEWINDS TERR
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

4406 HIDDEN HARBOUR TERRACE
FT. LAUDERDALE, FL 33312

Current Mailing Address:

4950 TRADEWINDS TERR
FT. LAUDERDALE, FL 33312

New Mailing Address:

4406 HIDDEN HARBOUR TERRACE
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
4101 RAVENSWOOD RD.
307
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

LEVINE, GARY L
4406 HIDDEN HARBOUR TERRACE
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: GARY LEVINE

06/03/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANDELL, KIM
Address: 4950 TRADEWINDS TERR
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D/P () Delete
Name: LEVINE, GARY L
Address: 4950 TRADEWINDS TERR
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: ATTERMANN, BRUCE
Address: 4950 TRADEWINDS TERR
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEVINE, GARY L
Address: 4406 HIDDEN HARBOUR TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: P/S (X) Change () Addition
Name: LEVINE, GARY L
Address: 4406 HIDDEN HARBOUR TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 L. LEVINE

PRES

06/03/2008

Electronic Signature of Signing Officer or Director

Date