2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009933

Entity Name: PALMS OF LIFE, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 NE 25TH ST 700 EUCLID AVENUE SUITE 74 SUITE 208

MIAMI, FL 33137 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

700 EUCLID AVENUE 700 EUCLID AVENUE SUITE 208 SUITE 208 MIAMI, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 01-0804722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GNANAKKAN, JACOB D
600 NE 25 ST
SUITE 74
MIAMI, FL 33137 US
GNANAKKAN, JACOB D
700 EUCLID AVENUE
SUITE 208
MIAMI BEACH, FL 33139 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: JACOB D. GNANAKKAN 01/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: GNANAKKAN, JACOB D Name: GNANAKKAN, JACOB D Address: 600 NE 25TH ST STE 74 Address: 700 EUCLID AVENUE

 Address:
 600 NE 25TH ST STE 74
 Address:
 700 EUCLID AVENUE

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MIAMI BEACH, FL 33139

 Title:
 () Delete
 Title:
 VP () Change (X) Addition

 Name:
 Name:
 GNANAKKAN, ANA C

 Address:
 Address:
 700 EUCLID AVENUE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33139

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: JACOB D. GNANAKKAN PSTD 01/09/2008