

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000039793

1. Entity Name
PEACE OF LIFE CORPORATION



**FILED
Feb 08, 2007 8:00 am
Secretary of State**

02-08-2007 90043 011 ***150.00

40011600



02062007 Chg-P CR2E034 (12/06)

Principal Place of Business
11590 RED HIBISCUS DR
BONITA SPRINGS, FL 34135

Mailing Address

11590 RED HIBISCUS DR
BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #
11900 FOREST MERGE DR.

3. Mailing Address

P.O. BOX 366253

Suite, Apt. #, etc.

102 and # 202

Suite, Apt. #, etc

City & State

BONITA SPRINGS

City & State

BONITA SPRINGS

Zip

34135

Country

FL

Zip

34136-6253

Country

FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUTT, DARRIN R ESQ
STE C 1105 CAPE CORAL PKWY E
CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DEPAZ, STEPHAN O
11590 RED HIBISCUS DR
BONITA SPRINGS, FL 34135**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Steph de Pas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2007, 239272 P024
Date Daytime Phone #