

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071086

Entity Name: VEDALIFE, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

121 GOLDEN ISLES DRIVE
UNIT 603
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

121 GOLDEN ISLES DRIVE
UNIT 603
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-1134733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, SCOTT D ESQ.
18851 N.E. 29TH AVE.
STE. 700
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, RAMAN
Address: 12 ELIZABETH STREET
City-St-Zip: JERSEY CITY, NJ 07306

Title: VT () Delete
Name: OWENS, DONALD H
Address: 50 PEARL STREET
City-St-Zip: LANCASTER, NY 14086

Title: VM () Delete
Name: WEINBERGER, GARY I
Address: 1975 DODGE ROAD
City-St-Zip: EAST AMHERST, NY 14051

Title: S () Delete
Name: OWENS, SCOTT D
Address: 121 GOLDEN ISLES DRIVE, UNIT 603
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD H OWENS

MR

02/15/2005

Electronic Signature of Signing Officer or Director

Date