2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# P04000071086

Entity Name: VEDALIFE, INC.

Current Principal Place of Business:

3801 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3801 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33021

New Mailing Address:

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

Name and Address of Current Registered Agent:

OWENS, SCOTT D ESQ.
3801 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD, FL 33021 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: 159 WINDWARD DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VM ( ) Delete
Name: WEINBEGER, 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 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: SCOTT D. OWENS S 02/01/2009

Electronic Signature of Signing Officer or Director — Date