

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141714

Entity Name: LYFE T.V., INC.

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

8850 SW 196TH DRIVE
MIAMI, FL 33157

New Principal Place of Business:

5300 NW 33RD AVENUE
202
FT. LAUDERDALE, FL 33309

Current Mailing Address:

PO BOX 566022
MIAMI, FL 33256

New Mailing Address:

FEI Number: 13-4287839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRAY, JULIEN
8850 SW 196TH DRIVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

WRAY, JULIEN
P.O. BOX 566022
MIAMI, FL 33256 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: JULIEN WRAY

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRAY, JULIEN
Address: 8850 SW 196TH DRIVE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: WRAY, STEPHANIE
Address: 8850 SW 196TH DRIVE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: WRAY, LAURA
Address: P.O. BOX 272066
City-St-Zip: BOCA RATON, FL 33427

Title: T () Delete
Name: WRAY, STEPHANIE
Address: 8850 SW 196TH DRIVE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRAY, JULIEN
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256

Title: VP (X) Change () Addition
Name: WRAY, STEPHANIE
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256

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

Title: T (X) Change () Addition
Name: WRAY, STEPHANIE
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256

Title: AVP () Change (X) Addition
Name: WRAY, LORNE A
Address: 17798 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIEN WRAY

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date