

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171674

FILED
May 02, 2005
Secretary of State

Entity Name: LIFE ARCHITECTONICS INTERNATIONAL CORPORATION

Current Principal Place of Business:

1018 PALM COVE DRIVE
ORLANDO, FL, 32835

New Principal Place of Business:

4900 BIRCHSTONE LANE
ORLANDO, FL 32829

Current Mailing Address:

PO BOX 780278
ORLANDO, FL, 32828

New Mailing Address:

PO BOX 780278
ORLANDO, FL 32828

FEI Number: 68-0600584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, KAREN CPA
260 PLAZA DRIVE
SUITE A
OVIEDO, FL, FL 32765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMPERSAD, CHRISTINA R MRS.
Address: 1018 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: RAMPERSAD, ROBIN MR.
Address: 1018 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMPERSAD, CHRISTINA R MRS.
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLANDO, FL 32829

Title: VP (X) Change () Addition
Name: RAMPERSAD, ROBIN MR.
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLAND, FL 32829

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: CHRISTINA RAMPERSAD

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date