

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000026891

1. Entity Name
LIFELEAP INSTITUTE, INC.



FILED

06 MAY -1 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1350 EAST SUNRISE BLVD.
#149
FT. LAUDERDALE, FL 33304

Mailing Address
1350 EAST SUNRISE BLVD.
#149
FT. LAUDERDALE, FL 33304

2. Principal Place of Business
1102 Marys Drive
Suite, Apt. #, etc.

3. Mailing Address
1102 Marys Drive
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32308
Country
USA

City & State
Tallahassee FL
Zip
32308
Country
USA

04072006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2359753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, JEFFREY R
868 106TH AVENUE NORTH
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name Dale Sellers
Street Address (P.O. Box Number is Not Acceptable)
1102 Marys Drive
City Tallahassee FL Zip Code 32308

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 Dale Sellers (NOTE: Registered Agent signature required when reinstating) DATE May 1, 2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SELLERS, DALE 1350 EAST SUNRISE BLVD. #149 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Sellers, Dale 1102 Marys Drive Tallahassee Florida, 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Sellers, Dale 1102 Marys Drive Tallahassee, FL, 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075027564 05/22/06--01035--009 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dale Sellers May 1 2006, 888 828 0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #