2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P05000065077

Entity Name: SPICE OF LIFE, INC.

Current Principal Place of Business:

885 47TH AVENUE NE
NAPLES, FL 34120 US

New Principal Place of Business:

6251 BRENTWOOD DRIVE
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

885 47TH AVENUE NE
NAPLES, FL 34120 US

New Mailing Address:

6251 BRENTWOOD DRIVE
ZEPHYRHILLS, FL 33542 US

FEI Number: 30-0313662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOMBARDO, PAULA
885 47TH AVENUE NE
NAPLES, FL, FL 34120 US

Name and Address of New Registered Agent:

LOMBARDO, PAULA
6251 BRENTWOOD DR.
ZEPHYRHILLS, FL 33542 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: _____ 04/19/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOMBARDO, PAULA
Address: 885 47TH AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

Title: VP ( ) Delete
Name: TADDEO, DOLORES
Address: 885 47TH AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

Title: S ( ) Delete
Name: TADDEO, DOLORES
Address: 885 47TH AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

Title: T ( ) Delete
Name: LOMBARDO, PAULA
Address: 885 47TH AVENUE NE
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOMBARDO, PAULA
Address: 6251 BRENTWOOD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: VP (X) Change ( ) Addition
Name: TADDEO, DOLORES
Address: 6251 BRENTWOOD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: S (X) Change ( ) Addition
Name: TADDEO, DOLORES
Address: 6251 BRENTWOOD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: T (X) Change ( ) Addition
Name: LOMBARDO, PAULA
Address: 6251 BRENTWOOD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

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: PAULA LOMBARDO P 04/19/2006
Electronic Signature of Signing Officer or Director — Date