

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065077

Entity Name: SPICE OF LIFE, INC.

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

6251 BRENTWOOD DRIVE
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

6251 BRENTWOOD DRIVE
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 30-0313662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, PAULA
6251 BRENTWOOD DR.
ZEPHYRHILLS, FL 33542 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: LOMBARDO, PAULA
Address: 6251 BRENTWOOD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

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

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

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

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 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

04/06/2007

Electronic Signature of Signing Officer or Director

Date