


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 047 ***150.00

DOCUMENT # P05000109663 1. Entity Name LIFE EQUIVALENCE, INC			
Principal Place of Business 5190 SW 28TH TERRACE DANIA, FL 33312 US		Mailing Address 5190 SW 28TH TERRACE DANIA, FL 33312 US	
2. Principal Place of Business - No P.O. Box # 34 N. PROSPECT ST.		3. Mailing Address 34 N. PROSPECT ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRESCENT CITY, FL		City & State CRESCENT CITY, FL	
Zip 32112	Country USA	Zip 32112	Country USA
4. FEI Number 20-3646110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, MAUREEN 5190 SW 28TH TERRACE DANIA, FL 33312		7. Name and Address of New Registered Agent Name MAUREEN COOPER Street Address (P.O. Box Number is Not Acceptable) 34 N. PROSPECT ST. City CRESCENT CITY FL Zip Code 32112	
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 <u><i>Maureen Cooper</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/22/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME COOPER, MAUREEN STREET ADDRESS 5190 SW 28TH TERRACE CITY - ST - ZIP DANIA, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE P NAME MAUREEN COOPER STREET ADDRESS 34 N. PROSPECT ST. CITY - ST - ZIP CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 5 NAME MARGARET O. TRICE STREET ADDRESS 34 N. PROSPECT ST CITY - ST - ZIP CRESCENT CITY, FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Maureen Cooper, President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/22/08</u> Daytime Phone # <u>386 698-2026</u>	