

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028714

FILED
Feb 23, 2009
Secretary of State

Entity Name: LIFE BACK ENTERPRISES, INC.

Current Principal Place of Business:

905 E. MARTIN LUTHER KING JR. DR.
SUITE 620
TARPON SPRINGS, FL 34689

New Principal Place of Business:

301 E. LEMON STREET
SUITE A
TARPON SPRINGS, FL 34689

Current Mailing Address:

905 E. MARTIN LUTHER KING JR. DR.
SUITE 620
TARPON SPRINGS, FL 34689

New Mailing Address:

301 E. LEMON STREET
SUITE A
TARPON SPRINGS, FL 34689

FEI Number: 20-8539793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERI, WILLIAM SR.
416 ADMIRAL COVE
TARPON SPRINGS, FL 34689 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: D () Delete
Name: CAVALIERI, WILLIAM SR.
Address: 416 ADMIRAL COVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: CAVALIERI, WILLIAM JR.
Address: 2653 SIERRA VISTA WAY
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: SMITH, MICHELLE M
Address: 10340 ARMADILLO COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: FARRELL, BRADY
Address: 6364 N.W. 93RD DRIVE
City-St-Zip: PARKLAND, FL 33067

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: D (X) Change () Addition
Name: FARRELL, BRADY
Address: 1964 W. WAYNE LANE
City-St-Zip: ANTHEM, AZ 85086

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM CAVALIERI SR.

CEO

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date