

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028714

FILED
Jan 08, 2010
Secretary of State

Entity Name: LIFE BACK ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

Title: D
Name: SMITH, MICHELLE M
Address: 1502 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

Title: D
Name: FARRELL, BRADY
Address: 1964 W. WAYNE LANE
City-St-Zip: ANTHEM, AZ 85086

Title: D
Name: CAVALIERI, ELIZABETH F
Address: 10153 PORCH STREET
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: CAVALIERI, ROBERT R
Address: 1750 CIRTON COURT
City-St-Zip: TRINITY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CAVALIERI SR

MGR

01/08/2010

Electronic Signature of Signing Officer or Director

Date