

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051024

Entity Name: MAX LIFE, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

7141 TWIN EAGLE LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12510 METRO PKWY
FORT MYERS, FL 33966

New Mailing Address:

7141 TWIN EAGLE LANE
FORT MYERS, FL 33912

FEI Number: 56-2657131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARBROUGH, CAROL A
6691 WILLOW LAKE CIR
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

SCARBROUGH, CAROL A
7141 TWIN EAGLE LN
FORT MYERS, FL 33912 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: CAROL SCARBROUGH

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCARBROUGH, CAROL A
Address: 6691 WILLOW LAKE CIR
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: BATES, BARBARA D
Address: 7141 TWIN EAGLE LN
City-St-Zip: FORT MYERS, FL 33912

Title: S,T () Delete
Name: BATES, BARBARA D
Address: 7141 TWIN EAGLE LN
City-St-Zip: FORT MYERS, FL 33912

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:

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: CAROL SCARBROUGH

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date