2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P07000121971

Entity Name: LIFE PHARMACY, INC.

Current Principal Place of Business:

1145 SE GLENWOOD DRIVE
4
STUART, FL 34994 US

New Principal Place of Business:

20208 STILL WIND DR
TAMPA, FL 33647 US

Current Mailing Address:

1145 SE GLENWOOD DRIVE
4
STUART, FL 34994 US

New Mailing Address:

20208 STILL WIND DR
TAMPA, FL 33647 US

FEI Number: 26-1415550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IBE, CHIKA U
1145 SE GLENWOOD DRIVE
4
STUART, FL 34994 US

Name and Address of New Registered Agent:

IBE, CHIKA U
20208 STILL WIND DRIVE
TAMP, FL 33647 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: CHIKA IBE 01/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: IBE, CHIKA U
Address: 1145 SE GLENWOOD DRIVE #4
City-St-Zip: STUART, FL 34994 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: IBE, CHIKA U
Address: 20208 STILL WIND DRIVE
City-St-Zip: TAMPA, FL 3647 FL

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: PRESIDENT P 01/27/2009
Electronic Signature of Signing Officer or Director Date