

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082504

FILED
Mar 26, 2009
Secretary of State

Entity Name: TOTAL HEALTH AND LIFE INCORPORATED

Current Principal Place of Business:

3003 MARBLE CREST DRIVE
LAND O LAKES, FL 34638

New Principal Place of Business:

4824 SKY BLUE DR.
LUTZ, FL 33558

Current Mailing Address:

3003 MARBLE CREST DRIVE
LAND O LAKES, FL 34638

New Mailing Address:

4824 SKY BLUE DR.
LUTZ, FL 33558

FEI Number: 26-3456656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, AUSTIN
3003 MARBLE CREST DRIVE
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

FLETCHER, AUSTIN
4824 SKY BLUE DR.
LUTZ, FL 33558 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: AUSTIN FLETCHER

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUDELA, ANTHONY
Address: 1710 MARIGOLD CIRCLE
City-St-Zip: LAND O LAKES, FL 34637

Title: V () Delete
Name: FLETCHER, AUSTIN
Address: 3003 MARBLE CREST DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: V () Delete
Name: TONISSEN, JASON
Address: 3003 MARBLE CREST DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: ST () Delete
Name: FLETCHER, JOANNE
Address: 3003 MARBLE CREST DRIVE
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FLETCHER, AUSTIN
Address: 4824 SKY BLUE DR.
City-St-Zip: LUTZ, FL 33558

Title: V (X) Change () Addition
Name: TONISSEN, JASON
Address: 4824 SKY BLUE DR.
City-St-Zip: LUTZ, FL 33558

Title: ST (X) Change () Addition
Name: FLETCHER, JOANNE
Address: 4824 SKY BLUE DR.
City-St-Zip: LUTZ, FL 33558

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: AUSTIN FLETCHER

V

03/26/2009

Electronic Signature of Signing Officer or Director

Date