

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085957

Entity Name: A LIFE ENABLED, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16399 SE 170TH AVE.  
WEIRSDALE, FL 321952658

**New Principal Place of Business:**

**Current Mailing Address:**

16399 SE 170TH AVE.  
WEIRSDALE, FL 321952658

**New Mailing Address:**

FEI Number: 26-3387193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORDE, DAWN B  
16399 SE 170TH AVE.  
WEIRSDALE, FL 321952658 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FORDE, DAWN B  
Address: 16399 SE 170TH AVE.  
City-St-Zip: WEIRSDALE, FL 321952658

Title: VP  
Name: MURPHY, ERIC D  
Address: 16399 SE 170TH AVE  
City-St-Zip: WEIRSDALE, FL 32195 US

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: DAWN FORDE

PSTD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date