

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035733

Entity Name: REEXAMINE LIFE, INC.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

8654 VISTA PINE CT  
SUITE 1201-356  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

**Current Mailing Address:**

2078 SCOTCH DRIVE  
SUITE 1201-356  
HOLLAND, MI 48423 US

**New Mailing Address:**

FEI Number: 30-0552734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LANGFORD, TERRY  
8654 VISTA PINE CT  
SUITE 1201-356  
ORLANDO, FL 32836 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: P  
Name: VAN STEENIS, BILL  
Address: 2078 SCOTCH DRIVE  
City-St-Zip: HOLLAND, MI 49423 US

Title: V  
Name: VAN STEENIS, BILL  
Address: 2078 SCOTCH DRIVE  
City-St-Zip: HOLLAND, MI 49423 US

Title: ST  
Name: VAN STEENIS, BILL  
Address: 2078 SCOTCH DR  
City-St-Zip: HOLLAND, MI 49423 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: BILL VAN STEENIS

PRES

01/06/2011

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

\_\_\_\_\_ Date