

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000013351

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** LIVING FOR ALL MANKIND, INC

**Current Principal Place of Business:**

804 3RD AVE S  
ST. PETERSBURG, FL 33715 US

**New Principal Place of Business:**

4905 34TH ST. S.  
SUITE 221  
ST. PETERSBURG, FL 33711 US

**Current Mailing Address:**

804 3RD AVE S  
ST. PETERSBURG, FL 33715 US

**New Mailing Address:**

4905 34TH ST. S.  
SUITE 221  
ST. PETERSBURG, FL 33711 US

**FEI Number:** 84-1507822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHESSON, PHILLIP G  
1471 NOELL BLVD  
PALM HARBOR, FL 34683 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: PRES  
Name: BOWLES, JAMES O  
Address: 11380 W. 84TH PLACE  
City-St-Zip: ARVADA, CO 80005 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: JAMES O. BOWLES

PRES

01/29/2011

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

\_\_\_\_\_  
Date