

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063437

Entity Name: KOMBU LIFE INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6301 MEMORIAL HWY  
301  
TAMPA, FL 33615 US

## **New Principal Place of Business:**

6202 W. LINEBAUGH AVE.  
TAMPA, FL 33624 US

## **Current Mailing Address:**

6301 MEMORIAL HWY  
301  
TAMPA, FL 33615 US

## **New Mailing Address:**

6202 W. LINEBAUGH AVE.  
TAMPA, FL 33624 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CLARKE, MICHAEL L SR.  
6301 MEMORIAL HWY  
301 B  
TAMPA, FL 33615 US

## **Name and Address of New Registered Agent:**

CLARKE, MICHAEL L SR.  
6202 W. LINEBAUGH AVE.  
301 B  
TAMPA, FL 33624 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:

04/30/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARKE, MICHAEL L SR.  
Address: 6202 W. LINEBAUGH AVE.  
City-St-Zip: TAMPA, FL 336124 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: MICHAEL L. CLARKE SR.

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date