2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P11000075004

Entity Name: KI LIFE, INC.

Current Principal Place of Business:

46 N. WASHINGTON BOULEVARD
SUITE #29
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

46 N. WASHINGTON BOULEVARD
SUITE #29
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 45-3555818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE M. HANKIN, P.A.
1820 RINGLING BOULEVARD
SARASOTA, FL 34236 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/D
Name: ARNEWID, TOMAS
Address: C/O 46 N. WASHINGTON BLVD., SUITE #29
City-St-Zip: SARASOTA, FL 34236 US

Title: VP/D
Name: ARNEWID, VICTORIA
Address: C/O 46 N. WASHINGTON BLVD., SUITE #29
City-St-Zip: SARASOTA, FL 34236 US

Title: T
Name: SHOAF, MARGARET
Address: 46 N. WASHINGTON BOULEVARD, STE. 29
City-St-Zip: SARASOTA, FL 34236 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: TOMAS ARNEWID PRES 03/01/2012

Electronic Signature of Signing Officer or Director Date