

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P17021

FILED
Jul 16, 2008
Secretary of State**Entity Name:** TREE OF LIFE, INC.**Current Principal Place of Business:**405 GOLFWAY WEST DRIVE
ST. AUGUSTINE, FL 320958836**New Principal Place of Business:****Current Mailing Address:**PO BOX 9000
ST. AUGUSTINE, FL 320859000**New Mailing Address:****FEI Number:** 06-1193927**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D (X) Delete
Name: VEENHOF, AD H.A.
Address: 405 GOLFWAY WEST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DCEO () Delete
Name: LANE, RICHARD
Address: 405 GOLFWAY WEST DR.
City-St-Zip: ST. AUGUSTINE, FL 32905

Title: S () Delete
Name: KOSMIN, KELLY P
Address: 407 GOLFWAY WEST DR.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: KOSMIN, KELLY P
Address: 405 GOLFWAY WEST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLY P. KOSMIN

S

07/16/2008

Electronic Signature of Signing Officer or Director_____
Date