FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33793

1. Corporation Name
Life's Footprints, Inc.

Principal Place of Business
90944 Leashore Dr
Vida, Oregon 97488

Mailing Address in Florida
7905 NW 54 St
Miami, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1991
3a. Date of Last Report: 1994

2. Principal Place of Business
21 90944 Leashore Dr
Suite, Apt. #, etc. 22
City & State 23 Vida, Oregon
Zip 24 97488 Country 25 USA

2a. Mailing Address
26 7905 NW 54 St.
Suite, Apt. #, etc. 27
City & State 28 Miami FL
Zip 29 33166 Country 30

4. FEI Number: 93-1037424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

John Keys
7905 N.W. 54 Street
Miami, FL 33166

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John Keys 4/20/95
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating. — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Robert E. Wood 7905 NW 54 ST. Miami FL 33166	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary/Treasurer Peter Townsend 90944 Leashore Dr. Vida, OR 90944	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 600001474566 -05/03/95--01178--007 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice President John Keys 7905 N.W 54 St. Miami, FL 33166	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Wood April 21, 1995 (305) 594-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RW