## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000091162

Name:

Address:

City-St-Zip:

COBERLY, JENNIFER

2102 SW 2ND STREET

POMPANO BEACH, FL 33069

Entity Name: LIFE WEAR TECHNOLOGIES, INC

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: LIFE VVE	AR IEC	HNOLOGIES, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
4031 NE 1: OAKLAND	2TH TERR PARK, FL 33:	334	US		TH AVENUE D BEACH, FL 33442	2 US	
Current Mailing Address:				New Maili	New Mailing Address:		
4031 NE 1: OAKLAND	2TH TERR PARK, FL 33:	334	US		TH AVENUE D BEACH, FL 33442	2 US	
FEI Number:	65-0540079	FEI Nu	umber Applied For()	FEI Number Not Appl	icable ( ) Certifi	cate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
4031 NE 13	O, JOSEPH 2TH TERR PARK, FL 33:	334	US	600 SW 12	O, JOSEPH TH AVENUE D BEACH, FL 33442	2 US	
	named entity s of Florida.	submits	this statement for the pu	rpose of changing i	ts registered office or	registered agent, or both,	
SIGNATURE:					04/13/2009		
Election Can		•	ature of Registered Ager und Contribution ().	t		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCOB () ELLIS, LARRY 2102 SW 2ND S POMPANO BEA		33069	Title: Name: Address: City-St-Zip:	()Change	e ( ) Addition	
Title: Name: Address: City-St-Zip:	T () ANDERSON, JA 2102 SW 2ND S POMPANO BEA	STREET	33069	Title: Name: Address: City-St-Zip:	T (X) Change DOERY, MICHELLE AC 2102 SW 2ND STREET POMPANO BEACH, FL	-	
Title:	S ()	Delete		Title:	( ) Change	e ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE DOERY CFO 04/13/2009