

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000015334

**FILED  
Feb 10, 2006  
Secretary of State**

**Entity Name:** CENTER OF LIFE HEALTH, INC.

**Current Principal Place of Business:**

611 FEDERAL HWY  
H  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

611 FEDERAL HWY  
H  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0756183      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FULLER, KATHLEEN  
611 S. FEDERAL HWY  
STUART, FL 34994    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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD      ( ) Delete  
Name: FULLER, KATHLEEN  
Address: 611 S FEDERAL HWY STE 6  
City-St-Zip: STUART, FL 34994

Title: T      ( ) Delete  
Name: CROACH, SHANNON  
Address: 97214 ARBIR OAKS LANE  
City-St-Zip: BOCA RATON, FL 33428

Title: V      ( ) Delete  
Name: CROACH, DANIELLE  
Address: 322 W OCEAN BLVD  
City-St-Zip: STUART, FL 34994

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN FULLER

DIRE

02/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date