

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101013

Entity Name: SPARK OF LIFE PRODUCTIONS, INC.

FILED
Jan 26, 2004
Secretary of State

Current Principal Place of Business:

4030 SKATES CIR
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50852
FORT MYERS, FL 33994

New Mailing Address:

4030 SKATES CIR
FORT MYERS, FL 33905

FEI Number: 59-3479917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORRELL, DAVID G
4030 SKATES CIRCLE
FORT MYERS, FL 33905

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: P () Delete
Name: GORRELL, DAVID G
Address: 4030 SKATE CIRCLE
City-St-Zip: FT. MYERS, FL 33905

Title: ST () Delete
Name: INFINGER, JUDITH D
Address: 611 LITTLE WEKIVA ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: DAVID G GORRELL

PRES

01/26/2004

Electronic Signature of Signing Officer or Director

Date