


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90019 045 \*\*\*158.75

<b>DOCUMENT # P98000073840</b>	
1. Entity Name <b>DNA LIFEPRINT, INC.</b>	

Principal Place of Business <b>4839 SW 148 STREET 511 DANIA, FL 33330 US</b>	Mailing Address <b>4839 SW 148 STREET 511 DANIA, FL 33330 US</b>
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**94017015**



2. Principal Place of Business <b>7200 Griffin Road Suite, Apt. #, etc. Suite 4 City &amp; State Davie, FL Zip 33314</b>	3. Mailing Address <b>4839 SW 148 Avenue Suite, Apt. #, etc. Suite 511 City &amp; State Davie, FL Zip 33330</b>
Country <b>USA</b>	Country <b>USA</b>

02102004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0858836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATTHEWS, JOSEPH 4839 SW 148 STREET 511 DANIA, FL 33330</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Matthews* Pres. DATE **2-10-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEWS, JOSEPH 4839 SW 148 STREET DANIA, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Matthews* Joseph Matthews 2-10-04 584 1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #