## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P99000019076  1. Enlity Name LARGER THAN LIFE, INC.					Seci	ctary or	State
Principal Place of Business  6609 FRANCONIA DRĪVE  BELLE ISLE, FL 32812  Mailing Address  6609 FRANCONIA DRĪVE  BELLE ISLE, FL 32812					(2 14/13 14/17 <b>24</b> /17 <b>24</b> /11 <b>24</b> /17	ABIN' IIN'A CYUC SAUU CYN	LIE BUITERT IL (ER)
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			04272005	No Chg-P	CR2E034 (10/0	03)	
	O NOT WRITE II	CE	4, FEI Number   Applied For   59-3566117   Not Applicable				
					of Status Desired	□ \$8.75 Fee Req	Additional
	6. Name and Address of Current Regis	i barnis and a second	<u> </u>				
LARGE, RONALD B 6609 FRANCONIA DRIVE ORLANDO, FL 32812			DO NOT WRITE IN THIS SPACE				
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							
Signature, typed or printed name of registered agent and bits if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
TITLE	OFFICERS AND DIREC	CTORS	1		000000  - 04/30/05	345325 80030-023	150.00
NAME STREET ADDRESS CITY-ST-ZIP	LARGE, RON 6609 FRĀNCONIA DR. ORLANDO, FL 32812		! 		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARGE, GWEN 6609 FRANCONIA DR. ORLANDO, FL 32812						(
TITLE NAME STREET ADDRESS CITY-ST-ZIP			   	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP							-
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address with all	ing does not qualify for the exel and accurate and that my signat to execute this report as require other like empowered.	mption stated in Secure shall have the s red by Chapter 607	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statutes, I i ct as if made under oa es, and that my name	further certify that that h, that I am an offi appears in Block 10	ne information cer or director 0 or Block 11 if