


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90014 024 ***150.00

DOCUMENT # P99000019076

1. Entity Name
LARGER THAN LIFE, INC.




Principal Place of Business Mailing Address

**6609 FRANCONIA DRIVE
BELLE ISLE, FL 32812** **6609 FRANCONIA DRIVE
BELLE ISLE, FL 32812**

DO NOT WRITE IN THIS SPACE

40044027



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3566117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARGE, RON 6609 FRANCONIA DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARGE, GWEN 6609 FRANCONIA DR. ORLANDO, FL 32812
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ronald B Large* 3/27/07 407-851-7695

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