

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90128 008 \*\*\*150.00

<b>DOCUMENT # P99000056663</b> 1. Entity Name <b>TECHNOLOGY FOR LIFE, INC.</b>					
Principal Place of Business <b>6650 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216</b>			Mailing Address <b>6650 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business <b>6675 Corporate Center Pkwy.</b> Suite, Apt. #, etc. <b>106</b> City & State <b>Jacksonville, FL</b> Zip      Country <b>32216      USA</b>			3. Mailing Address <b>6675 Corporate Center Pkwy.</b> Suite, Apt. #, etc. <b>106</b> City & State <b>Jacksonville, FL</b> Zip      Country <b>32216      USA</b>		
4. FEI Number <b>59-3585333</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>PETERSON, MICHAEL G 6650 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6675 Corporate Center Pkwy.#106</b> City      State      Zip Code <b>Jacksonville      FL      32216</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PETERSON, MICHAEL G 6650 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6675 Corporate Center Pkwy.#106</b> <b>J</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WARNER, ROBERT W 6650 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6675 Corporate Center Pkwy.#106</b>		
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		
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		
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		
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		
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.					
<b>SIGNATURE: Michael G. Peterson MICHAEL G. PETERSON</b> <b>4/4/05 (904)296-6422</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**50034366**



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