

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000056663																																										
<small>1. Entity Name</small> TECHNOLOGY FOR LIFE, INC.																																										
<small>Principal Place of Business</small> 6675 CORPORATE CENTER PKWY 106 JACKSONVILLE, FL 32216	<small>Mailing Address</small> 6675 CORPORATE CENTER PKWY 106 JACKSONVILLE, FL 32216	 03152006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 59-3585333</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 59-3585333	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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<small>6. Name and Address of Current Registered Agent</small> PETERSON, MICHAEL G 6675 CORPORATE CENTER PKWY #106 JACKSONVILLE, FL 32216		DO NOT WRITE IN THIS SPACE																																								
<small>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.</small>																																										
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="text-align: right; font-family: monospace;">000000479018 04/08/06-80028-007 150.00</div>																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td>D</td></tr><tr><td><small>NAME</small></td><td>PETERSON, MICHAEL G</td></tr><tr><td><small>STREET ADDRESS</small></td><td>6675 CORPORATE CENTER PKWY #106</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>JACKSONVILLE, FL 32216</td></tr><tr><td><small>TITLE</small></td><td>D</td></tr><tr><td><small>NAME</small></td><td>WARNER, ROBERT W</td></tr><tr><td><small>STREET ADDRESS</small></td><td>6675 CORPORATE CENTER PKWY #106</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>JACKSONVILLE, FL 32216</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	D	<small>NAME</small>	PETERSON, MICHAEL G	<small>STREET ADDRESS</small>	6675 CORPORATE CENTER PKWY #106	<small>CITY-ST-ZIP</small>	JACKSONVILLE, FL 32216	<small>TITLE</small>	D	<small>NAME</small>	WARNER, ROBERT W	<small>STREET ADDRESS</small>	6675 CORPORATE CENTER PKWY #106	<small>CITY-ST-ZIP</small>	JACKSONVILLE, FL 32216	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		DO NOT WRITE IN THIS SPACE
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<small>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 507, 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.</small>																																										
SIGNATURE: <u>Michael G. Peterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/20/06 (904)296-6422 <small>Date Daytime Phone #</small>																																								
MICHAEL G. PETERSON																																										