

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 MAY 2

FILED  
05 MAY 16 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000068530			
1. Entity Name LIFEFILES.COM, INC.			
Principal Place of Business 2701 W OAKLAND PARK BLVD SUITE 400 FORT LAUDERDALE, FL 33311		Mailing Address 2701 W OAKLAND PARK BLVD SUITE 400 FORT LAUDERDALE, FL 33311	
2. Principal Place of Business 24 NE 24th Ave Suite 100		3. Mailing Address 24 NE 24th Ave Suite 100	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33062	Country BROWARD	Zip 33062	Country BROWARD
4. FEI Number 65-0940719		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 PLATNER, MICHAEL G 2701 W OAKLAND PARK BLVD SUITE 400 FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24 NE 24th Ave, Suite 100 City Pompano Beach FL Zip Code 33062	
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  DATE 4/4/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, MICHAEL H 2701 W OAKLAND PARK BLVD STE 400 FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Sec TODD Abrams 24 NE 24th Ave, Ste 100 Pompano Beach, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLATNER, MICHAEL G 2701 W OAKLAND PK BLVD SUITE 400 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 NE 24th Ave, Ste 100 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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:		4/4/05 954-739-5422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	