

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004158

**Entity Name:** THE POWER OF LIFE, INC.

**Current Principal Place of Business:**

10755 PARK BLVD. N  
SUITE B  
SEMINOLE, FL 33772

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC0450611810**

**Current Mailing Address:**

P.O. BOX 47069  
ST.PETERSBURG, FL 33743 US

**FEI Number: 45-1287660**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MALTI, JOSSETTE S  
10755 PARK BLVD. N  
SUITE B  
SEMINOLE, FL 33772 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D, PRESIDENT  
Name            FASTJE, KAREN  
Address        474 41ST AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33703

Title            D, SECRETARY, TREASURER  
Name            JOHNSON, ELFRIEDA  
Address        932 22ND STREET S #4  
City-State-Zip: ST. PETERSBURG FL 33712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN FASTJE**

**PRESIDENT**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date