

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005203

**Entity Name:** SOLVING LIFE INC.

**Current Principal Place of Business:**

4818 SOUTHWICK DRIVE  
MATTESON, IL 60443

**Current Mailing Address:**

PO BOX 760  
MONEE, IL 60449

**FEI Number:** 65-0862230

**Certificate of Status Desired:** Yes

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

MASON, LINDA  
4428 SANIBEL WAY  
BRADENTON, FL 34203 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  
Name DODGE, DANIEL R  
Address 25517 DEVONSHIRE LN  
City-State-Zip: MONEE IL 60449

Title D  
Name DODGE, GRETHEL  
Address 25517 DEVONSHIRE LN  
City-State-Zip: MONEE IL 60449

Title D  
Name VARGES, ABEL SR.  
Address VALLE DE LAS PALMAS  
#1198,JARDINES DELVALL  
City-State-Zip: MEXICALI BC 21240

Title PRESIDENT  
Name DODGE, DANIEL  
Address 25517 DEVONSHIRE LANE  
City-State-Zip: MONEE IL 60449

Title DIRECTOR  
Name SEWELL, HARRY  
Address 7706 KINGS COURT  
City-State-Zip: ROWLETT TX 75089

*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:** DANIEL DODGE

**PRESIDENT**

**05/23/2022**

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

\_\_\_\_\_  
Date