

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213542957				
1.) CORPORATION NAME: <b>AUTO LIFE, INC.</b>		DUE DATE: <b>1/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LAVEL RUDE 11431 SPRINGHOUSE WY AMELIA, VA</b>		SCC ID NO: <b>07185341</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>AMELIA COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 11431 SPRINGHOUSE WAY						
CITY/ST/ZIP: AMELIA, VA 23002						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: LADONNA HARRISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: OFFICER/DIRECTO						
ADDRESS: 2290 BOB O'LINK LANE						
CITY/ST/ZIP/CO: PALM SPRINGS, CA 92264						
NAME: LAVEL RUDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: OFFICER						
ADDRESS: 11431 SPRINGHOUSE WAY						
CITY/ST/ZIP/CO: AMELIA, VA 23002						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ LAVEL RUDE	LAVEL RUDE, OFFICER	9/13/2013				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						