

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002095

FILED
Apr 30, 2009
Secretary of State

Entity Name: LIFESCAPES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

4930 CAMPUS DR
NEW PORT BEACH, CA 92660

New Principal Place of Business:

4930 CAMPUS DR
NEWPORT BEACH, CA 92660

Current Mailing Address:

4930 CAMPUS DR
NEW PORT BEACH, CA 92660

New Mailing Address:

4930 CAMPUS DR
NEWPORT BEACH, CA 92660

FEI Number: 33-0664589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BRINKERHOFF, DONALD C
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

Title: EVPM () Delete
Name: TRUST, DANIEL
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

Title: PCFO () Delete
Name: BRINKERHOFF-JACOBS, JULIE
Address: 4930 CAMPUS DR
City-St-Zip: NEW PORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BRINKERHOFF, DONALD C
Address: 4930 CAMPUS DR
City-St-Zip: NEWPORT BEACH, CA 92660

Title: EVPM (X) Change () Addition
Name: TRUST, DANIEL
Address: 4930 CAMPUS DR
City-St-Zip: NEWPORT BEACH, CA 92660

Title: PCFO (X) Change () Addition
Name: BRINKERHOFF-JACOBS, JULIE
Address: 4930 CAMPUS DR
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS RALKO

CONT

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date