

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 17, 2011
Secretary of State

DOCUMENT# N10000006361

Entity Name: LIFESKILLS ACADEMY OF ORLANDO, INC.**Current Principal Place of Business:**1016 SPRING VILLAS POINTE
SUITE 1030
WINTER SPRINGS, FL 32708**New Principal Place of Business:**1010 SPRING VILLAS POINTE
WINTER SPRINGS, FL 32708**Current Mailing Address:**1016 SPRING VILLAS POINTE
SUITE 1030
WINTER SPRINGS, FL 32708**New Mailing Address:**1010 SPRING VILLAS POINTE
WINTER SPRINGS, FL 32708**FEI Number:** 27-3092011**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LSEB AGENT SERVICES, INC.
390 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**LSEB AGENT SERVICES, INC.
111 N. MAGNOLIA AVE. SUITE 1400
SUITE 600
ORLANDO, FL 32801 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:

08/17/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D
Name: SHUKER, R. SCOTT
Address: 111 N MAGNOLIA AVE. SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: WAINMAN, SANDRA
Address: 1935 STATE RD. 436
City-St-Zip: WINTER SPRINGS, FL 32792

Title: D
Name: BLAIR, WENDY
Address: 3853 WHITEWOOD COURT
City-St-Zip: OVIEDO, FL 32766

Title: D
Name: OSBORN, SANDRA
Address: 118 NORTH MOORE ROAD
City-St-Zip: CASSELBERRY, FL 32707

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: WENDY COX BLAIR

D

08/17/2011

Electronic Signature of Signing Officer or Director_____
Date