2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P07000065351

Entity Name: STAGES OF LIFE, INC.

Current Principal Place of Business:

225 W. STATE RD. 434, SUITE 205
LONGWOOD, FL 32750

New Principal Place of Business:

225 W. STATE RD 434 #205
LONGWOOD, FL 32750

Current Mailing Address:

225 W. STATE RD. 434, SUITE 205
LONGWOOD, FL 32750

New Mailing Address:

225 W. STATE RD 434 #205
LONGWOOD, FL 32750

FEI Number: 26-0708507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, DAVID S
845 MARKHAM WOODS RD.
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: KLEIN, DAVID S
Address: 845 MARKHAM WOODS RD.
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Delete
Name: KLEIN, PEGGY W
Address: 225 W. STATE RD. 434, SUITE 205
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Delete
Name: MILLS, MARK
Address: 225 W. STATE RD. 434, SUITE 205
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID S. KLEIN PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date