2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000003929

Entity Name: LIFE SKILLS CENTER OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

8531 BAYWOOD VISTA DR
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

8531 BAYWOOD VISTA DR
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-3007705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMORE, RICARDO L
203 E KENNEDY BLVD SUITE 600
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: ELAM, DONNA DR.
Address: 8531 BAYWOOD VISTA DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: VP ( ) Change (X) Addition
Name: BRADHSAW, ENGLISH DR.
Address: 5114 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Change (X) Addition
Name: MAUSER, AUGUST DR.
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Change (X) Addition
Name: CAREY, KEVIN
Address: 800 E. TWIGGS STREET, RM 422
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Change (X) Addition
Name: PATEL, NAINI
Address: 2816 SAFE HARBOR DRIVE
City-St-Zip: TAMPA,, FL 33608

Title: D ( ) Change (X) Addition
Name: BROWN-GILMORE, STEPHANIE
Address: 2220 N. RIVERSIDE DRIVE
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA ELAM P 04/28/2006

Electronic Signature of Signing Officer or Director — Date