2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# 769841

Entity Name: MARINELIFE CENTER OF JUNO BEACH, INC

Current Principal Place of Business:

14200 US HIGHWAY 1
JUNO BCH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

14200 US HIGHWAY 1
JUNO BCH, FL 33408 US

New Mailing Address:

FEI Number: 59-2445926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MORRIS G
1551 FORUM PLACE
SUITE 200
WEST PALM BEACH, FL 33401 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:	D	( ) Delete
Name:	WYNEKEN, JEANETTE PHD	
Address:	1033 CORAL DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33426 US	
Title:	D	( ) Delete
Name:	ALDRICH, PETER J	
Address:	4117 OLD OAK DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	PD	( ) Delete
Name:	MILLER, MORRIS G	
Address:	2690 TOWLE DRIVE	
City-St-Zip:	PALM BCH GARDENS, FL 33410 US	
Title:	VD	( ) Delete
Name:	PERKINS, WINIFRED G	
Address:	12045 N. EDGEWATER DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	SD	( ) Delete
Name:	RAYNE, EMMY S	
Address:	406-H SEA OATS DRIVE	
City-St-Zip:	JUNO BEACH, FL 33408 US	
Title:	TD	( ) Delete
Name:	MULLEN, JAMES F IV	
Address:	2904 N. MILLER DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	NELSON, GAIL	
Address:	14972 PALMWOOD RD	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JAMES F MULLEN IV TD 02/28/2007

Electronic Signature of Signing Officer or Director — Date