

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001648

FILED
Apr 20, 2009
Secretary of State

Entity Name: REFRESHED LIVES, INC.

Current Principal Place of Business:

1544 62ND TRAIL SOUTH
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1544 62ND TRAIL SOUTH
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 13-4240334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, HUBERT
1544 62ND TRAIL SOUTH
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

MITCHELL, HUBERT E
1544 62ND TRAIL SOUTH
WEST PALM BEACH, FL 33415 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: HUBERT E. MITCHELL

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, HUBERT
Address: 1544 62ND TRAIL SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T () Delete
Name: LYTTLE, TERRI
Address: 1544 62ND TRAIL SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: ROHDES, JACQUELINE
Address: 3514 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHELL, HUBERT E
Address: 1544 62ND TRAIL SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERT E. MITCHELL

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date