2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709734

FILED Apr 10, 2006 Secretary of State

Entity Name: LIFELINE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

3660 MAGUIRE BLVD, SUITE 320 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

PO BOX 149083 ORLANDO, FL 32814

FEI Number: 59-1171068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERDUE, WENDY L MS. 1226 SHAGROCK COURT ORLANDO, FL 32828 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: PUTNAM, KATHY Name: STUTLER, BRENDA
Address: 1217 F. AMELIA STREET Address: 420 SQLITH ORANGE AVE

Address: 1217 E. AMELIA STREET Address: 420 SOUTH ORANGE AVE City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete Title: () Change () Addition Name: PERDUE, WENDY Name:

Address: 1226 SHAGROCK COURT Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip:

Title: V/S () Delete Title: SC (X) Change () Addition

 Name:
 MOE, JEAN
 Name:
 WOODWORTH, LINDA

 Address:
 8 N. STEWART AVE
 Address:
 420 SOUTH ORANGE AVE

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 ORLANDO, FL 32801

Title: TD () Delete Title: VC (X) Change () Addition

 Name:
 GARDNER, WAYNE
 Name:
 GARDNER, WAYNE

 Address:
 5395 LB MCLEOD RD.
 Address:
 5395 LB MCLEOD RD.

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32811

 Name:
 Name:
 WALDRON, ERIC

 Address:
 Address:
 401 S. SEMORAN BLVD

 City-St-Zip:
 City-St-Zip:
 WINTER PARK, FL 32792

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: WENDY L PERDUE PRES 04/10/2006