2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723788

FILED Apr 30, 2009 Secretary of State

Entity Name: COLLEGE OF LIFE FOUNDATION, INC.

Current Principal Place of Business:

8661 CORKSCREW RD ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

P.O. BOX 97 PMB 333

ESTERO, FL 33928 US 21301 S. TAMIAMI TRAIL, SUITE 320

ESTERO, FL 33928 US

New Principal Place of Business:

FEI Number: 59-1463053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COX, JOE B ESQ. 1185 IMOKALEE RD. STE. 110 NAPLES, FL 34110 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PT () Delete Title: PT (X) Change () Addition

Name: DAURAY, CHARLES Name: DAURAY, CHARLES

Address: PO BOX 97 Address: PMB 333, 21301 S.TAMIAMI TR, STE 320

City-St-Zip: ESTERO, FL 33928 US City-St-Zip: ESTERO, FL 33928 US

Title: VT () Delete Title: VT (X) Change () Addition

Name: COX, JOE B Name: COX, JOE B

Address: 1185 IMOKALEE RD., STE. 110 Address: 1185 IMMOKALEE RD., STE. 110

City-St-Zip: NAPLES, FL 34110 US City-St-Zip: NAPLES, FL 34110 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 REA, SARA W
 Name:
 EGAN, PEGGY

 Address:
 6777 WINKLER RD., F-126
 Address:
 8661 CORKSCREW RD

 City-St-Zip:
 FT. MYERS, FL 33919 US
 City-St-Zip:
 ESTERO, FL 33928 US

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: CHARLES DAURAY PT 04/30/2009