


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 031 ****61.25

DOCUMENT # 755607 1. Entity Name LIFE ENRICHMENT CENTER, INC.			
Principal Place of Business 9704 NORTH BOULEVARD TAMPA FL 33612		Mailing Address 9704 NORTH BOULEVARD TAMPA FL 33612	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-2108128		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATCALF, RONNA J 2401 BAYSHORE BLVD 207 TAMPA FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronna J Metcalf* **4/17/07** **813-932-0241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40104844

#755607

March 15, 2007

Additional List of Trustees:

TT Change

T.J. Couch, Jr.
1717 East Fowler Avenue
Tampa, Florida 33612

T Change

Charles Miranda
2918 West Lake Avenue
Tampa, Florida 33607

T Change

Mary McGaughy
2504 West Tennessee
Tampa, Florida 33629

T Change

Sgt. Lisa Dubord
P.O. Box 747
Thonotossa, Florida 33592

V/T Change

Jan Platt
3531 Village Way
Tampa, Florida 33629

T Change

William C. Bargren
725 South Brevard Avenue
Tampa, Florida 33606

T Change

Rick Nardelli
7327 Egypt Lake Drive
Tampa, Florida 33614

T Addition

Jennifer Andrews
2804 West Morrison Avenue
Tampa, Florida 33629