2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000594

Entity Name: CHANGING LIVES FOUNDATION, INC.

FILED Jul 19, 2004 Secretary of State

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

5298 CR 114 1072 MADISON AVENUE WILDWOOD, FL 32159 LAKEWOOD, NJ 08701

Current Mailing Address: New Mailing Address:

5298 CR 114 1072 MADISON AVENUE WILDWOOD, FL 32159 LAKEWOOD, NJ 08701

FEI Number: 11-3287519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LIEBERMAN, ADAM LIEBERMAN, ROBERT 1038 CAMBRIDGE - B 104 TARA OAKS CIRCLE LADY LAKE, FL 32159 DEERFIELD BEACH, FL 33442

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: ROBERT LIEBERMAN 07/19/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LIEBERMAN, ADAM LIEBERMAN, ADAM Name: Name: 104 TARA OAKS CIRCLE Address: 100 AVIS AVENUE Address: LADY LAKE, FL 32159 City-St-Zip: City-St-Zip: LAKEWOOD, NJ 08701

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

LIEBERMAN, DAVID Name: Name: LIEBERMAN, DAVID Address: 20196 OCEAN KEY DRIVE Address: 700 LAKEWOOD DROVE City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: LAKEWOOD, NJ 08701

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

LIEBERMAN, ROBERT LIEBERMAN, ROBERT Name: Name: 198 WOODBINE ROAD 1038 CAMBRIDGE - B Address: Address: City-St-Zip: ROSLYN HEIGHT, NY 11577 City-St-Zip: DEERFIELD BEACH, FL 33442

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

Name: LIEBERMAN, ANDREW Name: Address: 5298 CR 114 Address: City-St-Zip: WILDWOOD, FL 32159 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADAM LIEBERMAN PC 07/19/2004