2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007213

Entity Name: SAVE A LIFE FOUNDATION, INC.

FILED Apr 17, 2008 Secretary of State

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

9950 W LAWRENCE AVE., SUITE 300 SCHILLER PARK, IL 60176

Current Mailing Address: New Mailing Address:

9950 W LAWRENCE AVE., SUITE 300 SCHILLER PARK, IL 60176

FEI Number: 36-3869459 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:

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 323012960 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:

Title: P () Delete Title: () Change () Addition Name: SPIZZIRRI, CAROL J Name:

 Address:
 17479 W DARTMOOR DRIVE
 Address:

 City-St-Zip:
 GRAYSLAKE, IL 60030
 City-St-Zip:

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

 Name:
 BROWNE, DOUG
 Name:

 Address:
 2851 EVANS WOODS DR.
 Address:

 City-St-Zip:
 ATLANTA, GA 30340
 City-St-Zip:

 $\label{eq:title:C} {\sf Title:} \qquad {\sf C} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf C} \qquad {\sf (X) Change () Addition}$

Name: MULLINS, RITA Name: MULLINS, RITA

Address: 123 N BROCKWAY Address: 858 N. VIRGINIA LAKE COURT

City-St-Zip: PALATINE, IL 60067 City-St-Zip: PALATINE, IL 60067

Title: D () Delete Title: () Change () Addition

 Name:
 KNAPP, ANDY
 Name:

 Address:
 2723 SYCAMORE ST.
 Address:

 City-St-Zip:
 ALEXANDRIA, VA 22305
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DONLEAVY, JOHN
 Name:

 Address:
 255 SPRUCE LANE
 Address:

 City-St-Zip:
 DORSET, VT 05251
 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: CAROL J. SPIZZIRRI P 04/17/2008