2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# F08000002927

Entity Name: L.I.F.E. ASSOCIATION, INC.

Current Principal Place of Business:

1200 GOLDEN KEY CIRCLE SUITE 331
EL PASO, TX 79925

New Principal Place of Business:

1200 GOLDEN KEY CIRCLE SUITE 331
SUITE 331
EL PASO, TX 79925

Current Mailing Address:

PO BOX 26338
EL PASO, TX 79926

New Mailing Address:

FEI Number: 20-8820246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Title: CP ( ) Delete
Name: LISTER, PATRICIA
Address: 8228 S. 33RD LANE
City-St-Zip: LAVEEN, AZ 853391890

Title: D ( ) Delete
Name: HUBERT, GAIL Q
Address: 1200 GOLDEN KEY CIRCLE SUITE 331
City-St-Zip: EL PASO, TX 79925

Title: D ( ) Delete
Name: FIELDS, LINDA
Address: 1200 GOLDEN KEY CIRCLE SUITE 331
City-St-Zip: EL PASO, TX 79925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LINDA FIELDS DIRE 08/29/2009

Electronic Signature of Signing Officer or Director — Date