## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000004010

Entity Name: LIFELINE MANAGEMENT, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
600 CLIFTY SOMERSE	/ ST T, KY 42503	US			
Current Mailing Address:			New Maili	New Mailing Address:	
600 CLIFTY SOMERSE	/ ST T, KY 42503	US			
FEI Number:	61-1101034	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
4221 W BC	TE CENTER T	HREE AT INT'L PLAZA 'D., 10TH FLOOR S			
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
		c Signature of Registered Age	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOC () I WILSON, JAMES 600 CLIFTY STR SOMERSET, KY	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P ()  FRAZER, JAMES 600 CLIFTY STR SOMERSET, KY	EET	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition FRAZER, JAMES M 600 CLIFTY STREET SOMERSET, KY 42503	
Title: Name: Address: City-St-Zip:	ST () I WEDDLE, RICHA 600 CLIFTY STR SOMERSET, KY	EET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WEDDLE, RICHARD H 600 CLIFTY STREET SOMERSET, KY 42503 US	
Title: Name: Address: City-St-Zip:	D () I SINCLAIR, KEITI 600 CLIFTY STR SOMERSET, KY	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( )!	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition RUDDEN, SHARON 600 CLIFTY STREET SOMERSET, KY 42503	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition HURST, LAWRENCE 10535 KING STREET OVERLAND PARK, KS 66214	

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FRAZER PD 04/25/2006