

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019186

Entity Name: LIFE ALIGNMENT COACH, LLC

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

50 CYPRESS POINT PARKWAY, SUITE B-2
PALM COAST, FL 32164

New Principal Place of Business:

1655 CLYDE MORRIS BLVD, BLDG 2, UNIT 2
DAYTONA BCH, FL 32114

Current Mailing Address:

50 CYPRESS POINT PARKWAY, SUITE B-2
PALM COAST, FL 32164

New Mailing Address:

PO BOX 353322
PALM COAST, FL 32135

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDERSON, KEVN
50 CYPRESS POINT PARKWAY, SUITE B-2
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

HENDERSON, KEVN
1655 CLYDE MORRIS BLVD, BLDG 2, UNIT 2
DAYTONA BCH, FL 32114 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:

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDERSON, KEVIN B
Address: 50 CYPRESS POINT PARKWAY, SUITE B2
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENDERSON, KEVIN B
Address: 1655 CLYDE MORRIS BLVD, BLDG 2, UNIT 2
City-St-Zip: DAYTONA BCH, FL 32114

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN B HENDERSON

MGRM

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date