2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000099969

Entity Name: PATHWAY TO LIFE INTERNATIONAL LLC

Current Principal Place of Business:

1308 8TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1308 8TH STREET
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-5717781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, LETITIA Y
1308 8TH STREET
WEST PALM BEACH, FL 33401 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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: LEWIS, LETITIA Y
Address: 1308 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP ( ) Delete
Name: DAWKINS-JACKSON, PATRICE A
Address: 33 ABERCORN AVE
City-St-Zip: ATLANTA, GA 30346 US

Title: VP ( ) Delete
Name: DAWKINS, AMBER L
Address: 2115 ABERCORN AVE
City-St-Zip: ATLANTA, GA 30346 US

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: DAWKINS-JACKSON, PATRICE A
Address: 3311 ABERCORN AVE
City-St-Zip: ATLANTA, GA 30346 US

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 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: LETITIA Y. R. LEWIS PRES 04/28/2008

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