

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000974

FILED
Jan 18, 2008
Secretary of State

Entity Name: SUNCOAST LIFE SOLUTIONS, INC.

Current Principal Place of Business:

5609 U.S. 19
UNIT K
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5609 U.S. 19
UNIT K
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3598397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURO-MCKENZIE, DENISE
5609 US HWY 19
SUITE K
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

LAURO-MCKENZIE, DENISE
6707 LENOIR DR
PORT RICHEY, FL 34668 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:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, LYNN
Address: 7305 TANGLEWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: DOSS, DONALD
Address: 4640 ASHBURN SQ DR
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: COOGAN, DAVE
Address: 2779 CAPWOOD LANE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: KING, KAREN
Address: PO BOX 609
City-St-Zip: PORT RICHEY, FL 34673

Title: D (X) Delete
Name: REGNELLI, CAROLYN
Address: 11 BAY ST
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Delete
Name: RODRIGUEZ, NEYSA
Address: 5609 US HWY 19 UMHC
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOSS, REBECCA
Address: 4640 ASHBURN SQ DR
City-St-Zip: TAMPA, FL 33610

Title: TREA (X) Change () Addition
Name: RULISSON, MAUREEN
Address: 1008 1/2 DREW ST
City-St-Zip: CLEARWATER, FL 33755

Title: VP (X) Change () Addition
Name: CLARK, APRIL A
Address: 9311 BINNACLE DR APT 5211
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC (X) Change () Addition
Name: RODRIGUEZ, NEYSA
Address: 5609 US HWY 19 UMHC
City-St-Zip: NEW PORT RICHEY, FL 34652

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: DENISE A LAURO-MCKENZIE

ED

01/18/2008

Electronic Signature of Signing Officer or Director

Date