


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000001444</b> 1. Entity Name WORLD COLLEGE OF LIFE, INC.	
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Principal Place of Business 8661 CORKSCREW RD. ESTERO, FL 33928	Mailing Address PO BOX 97 ESTERO, FL 33928
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1024726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CLASP INC 3001 TAMiami TrL North 4TH FLOOR NAPLES, FL 34103	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAURAY, CHARLES PO BOX 97 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COX, JOE B PO BOX 97 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ALLER, JUDY PO BOX 97 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000688290  
04/10/07-80074-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	3/28/07	239-993-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #