2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002350

FILED Apr 28, 2006 Secretary of State

Entity Name: GIFT OF LIFE COMMUNITY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

4425 PARK BLVD

PINELLAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

4425 PARK BLVD

PINELLAS PARK, FL 33781

FEI Number: 59-3710395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, CLIFF DAVIS, CLIFF

7625 LEATHER FERN CT 288 BEACH DR. NE #12B

PINELLAS PARK, FL 33782 US ST. PETERSBURG, FL 33701 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: CLIFF DAVIS 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: DAVIS, CLIFF DAVIS, CLIFF

 Address:
 762 LEATHER FERN CT
 Address:
 288 BEACH DR. NE #12B

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:
 ST. PETERSBURG, FL 33781

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 FRICKER, JOHN
 Name:
 SCHARRER, LEE

 Address:
 14554 90TH AVE N
 Address:
 1040 FAWN CT.

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 OLDSMAR, FL 33781

Title: D (X) Delete Title: () Change () Addition

 Name:
 SNOKE, BLAIR DR
 Name:

 Address:
 13611 PARK BLVD
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PENSA, ROBERT DR
 Name:

 Address:
 9911 SEMINOLE BLVD, SUITE A
 Address:

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF DAVIS PSD 04/28/2006