2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# N01000002425

Entity Name: POWER POINTS FOR LIVING, INC.

Current Principal Place of Business:

744 MORAVAN AVE
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

744 MORAVAN AVE
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-3759165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUNSFORD, BARBARA
1127 NORTH GEORGE STREET
RUSHVILLE, IN, FL 46173 US

Name and Address of New Registered Agent:

LUNSFORD, BARBARA
520 NORTH SEXTON
RUSHVILLE, IN, FL 46173 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: _____ 08/26/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LUNSFORD, RAYMOND D
Address: 1127 NORTH GEORGE STREET
City-St-Zip: RUSHVILLE, IN 46173

Title: T ( ) Delete
Name: LUNSFORD, BARBARA M
Address: 1127 NORTH GEORGE STREET
City-St-Zip: RUSHVILLE, IN 46173

Title: T ( ) Delete
Name: KENNEDY, GLORIA
Address: 744 MORAVAN AVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: LUNSFORD, RAYMOND D
Address: 520 N0RTH SEXTON STREET
City-St-Zip: RUSHVILLE, IN 46173

Title: T (X) Change ( ) Addition
Name: LUNSFORD, BARBARA M
Address: 520 NORTH SEXTON STREETR
City-St-Zip: RUSHVILLE, IN 46173

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: BARBARA LUNSFORD T 08/26/2008
Electronic Signature of Signing Officer or Director — Date