

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004087

Entity Name: TOOLS FOR LIVING, INC.

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

1208 BEL AIRE DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

3960 OAK TRAIL RUN
#2002
PORT ORANGE, FL 32127

Current Mailing Address:

1208 BEL AIRE DRIVE
DAYTONA BEACH, FL 32118

New Mailing Address:

P.O. BOX 291776
PORT ORANGE, FL 32129

FEI Number: 59-3741287 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:

WHEELER, ELLEN L T/S
1208 BEL AIRE DRIVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

ROBERTS, JOANNE M MRS.
3960 OAK TRAIL RUN
#2002
PORT ORANGE, FL 32127 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: JOANNE M. ROBERTS

05/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVINE, PATRICIA PRES.
Address: 1720 CORDOVA AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: V (X) Delete
Name: ZACHERY, REBECCA VP
Address: 181 DESKIN DRIVE
City-St-Zip: SO. DAYTONA, FL 32119

Title: D (X) Delete
Name: KING, RICHARD MEMBER
Address: 1414 SAFFRON TRAIL
City-St-Zip: DELAND, FL 32724

Title: T/S (X) Delete
Name: WHEELER, ELLEN L T/S
Address: 1208 BEL AIRE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOANNE, ROBERTS M MRS.
Address: 3960 OAK TRAIL RUN, #2002
City-St-Zip: PORT ORANGE, FL 32127

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

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: JOANNE M. ROBERTS

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date