2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 AM
Secretary of State

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Entity Name: LIFE FOR THE AMAZON FOUNDATION, INC.

Current Principal Place of Business:

6017 PINE RIDGE ROAD
SUITE 184
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE ROAD
SUITE 184
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3747738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANZL, JOSEPH R
163 EAST MORSE BOULEVARD
SUITE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR ( ) Change (X) Addition
Name: LESTER, MARK S MR.
Address: 957 WESSON DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DIR ( ) Change (X) Addition
Name: MIKOLAJCZYK, ELIZABETH A MS.
Address: 4685 3RD AVENUE S.W.
City-St-Zip: NAPLES, FL 34119 US

Title: DIR ( ) Change (X) Addition
Name: RAMAEKERS, HENDRIKUS
Address: 4685 3RD AVENUE S.W.
City-St-Zip: NAPLES, FL 34119 US

Title: DIR ( ) Change (X) Addition
Name: RAMAEKERS, GRAZYNA MS.
Address: 4685 3RD AVENUE S.W.
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIZABETH A. MIKOLAJCZYK MS. 04/28/2002

Electronic Signature of Signing Officer or Director — Date