2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000004467

Entity Name: SIMPLE LIVING INSTITUTE, INC.

Current Principal Place of Business:

2517 E WASHINGTON ST
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

2517 E WASHINGTON ST
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 82-0551617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVASY, TIARE
2517 E WASHINGTON ST
ORLANDO, FL 32803 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: C ( ) Delete
Name: SILVASY, TIARE F
Address: 2517 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32803

Title: VC ( ) Delete
Name: KAMKE, JAY
Address: 407 E CENTER ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: WEXLER, LAWRENCE
Address: 8101 EDEN PARK RD.
City-St-Zip: ORLANDO, FL 32810

Title: DT ( ) Delete
Name: SILVASY, LAINA M
Address: 2517 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: ALTAR, MELISSA
Address: 635 SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: BAILEY, MANDY
Address: 1245 S ORLANDO AVE
City-St-Zip: COCOA BEACH, FL 23931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: TIARE SILVASY C 04/29/2004

Electronic Signature of Signing Officer or Director — Date

LISA PAULA DA SILVA, DIRECTOR
110 PINEVIEW RD
JUPITER, FL 33469

BRIDGET KAMKE, DIRECTOR
407 E. CENTER ST
ALTAMONTE SPRINGS, FL□32701

SHIRLEY SILVASY, DIRECTOR
2941 HEUTTE DR.
NORFOLK, VA 23518

RANDALL SILVASY, DIRECTOR
2517 E. WASHINGTON ST.
ORLANDO, FL 32803

CARMELO NUCCIO, DIRECTOR
2517 E. WASHINGTON ST.
ORLANDO, FL 32803

TANYIA HALL, DIRECTOR
1536 BRIERCLIFF DRIVE
ORLANDO, FL 32806

CHRIS COMSTOCK, DIRECTOR
914B NW 11TH AVE
GAINESVILLE, FL 32608