2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004467

Entity Name: SIMPLE LIVING INSTITUTE, INC.

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2517 E WASHINGTON ST ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 2517 E WASHINGTON ST ORLANDO, FL 32803 FEI Number: 82-0551617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVASY, LAINA M SHOCKLEY, LAINA M 2517 E WASHINGTON ST 2517 E WASHINGTON ST ORLANDO, FL 32803 ORLANDO, FL 32803 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: LAINA M SHOCKLEY 04/06/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SILVASY, TIARE F Name: Name: 2517 E WASHINGTON ST Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: VC () Delete Title: () Change () Addition MULLIGAN, MARK Name: Name: Address: 975 SEQUOIA DR Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: (X) Change () Addition EHRING, SUSAN MELENDY, AMBER Name: Name: 407 E. CENTER ST 3207 ANDERSON DR. Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ORLANDO, FL 32806 Title: () Delete Title: (X) Change () Addition Name: SILVASY, LAINA M Name: SHOCKLEY, LAINA M 2517 E WASHINGTON ST 2517 E WASHINGTON ST Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803 Title: () Delete Title: (X) Change () Addition BRENNAN, STEPHANIE STEADMAN, ROXIE Name: Name: 1910 E HARDING ST 682 JAMESTOWN BLVD APT 2301 Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LAINA M SHOCKLEY T 04/06/2007

() Delete

10001 CREEKWATER BLVD

SILVASY, SHIRLEY

ORLANDO, FL 32825

Title:

Name:

Address:

City-St-Zip:

() Change () Addition