2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
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 (X)**

Name and Address of Current Registered Agent:

SHOCKLEY, LAINA M
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: MULLIGAN, MARK
Address: 975 SEQUOIA DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: MELENDY, AMBER
Address: 3207 ANDERSON DR.
City-St-Zip: ORLANDO, FL 32806

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

Title: S ( ) Delete
Name: STEADMAN, ROXIE
Address: 682 JAMESTOWN BLVD APT 2301
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: SILVASY, SHIRLEY
Address: 10001 CREEKWATER BLVD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: MEER, TIARE F
Address: 10001 CREEKWATER BLVD
City-St-Zip: ORLANDO, FL 32825

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: S (X) Change ( ) Addition
Name: DOUGHER, SHAYLA
Address: 221 WHITESAND CT
City-St-Zip: CASSELBERRY, FL 32707

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: LAINA M SHOCKLEY T 04/12/2008

Electronic Signature of Signing Officer or Director — Date