2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N02000005692

Entity Name: CHANGING LIVES...CHANGING THE WORLD, INC.

Current Principal Place of Business:

525 ARABELLA LANE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 530733
MIAMI SHORES, FL 33153

New Mailing Address:

P. O. BOX 132
SHARPES, FL 32959

FEI Number: 03-0444223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON, FRANKIE B
525 ARABELLA LANE
COCOA, FL 32927 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: PD ( ) Delete
Name: CLAYTON, FRANKIE B
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: VD ( ) Delete
Name: KING, SARA T
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: SD ( ) Delete
Name: LOFTON, JAMES III
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: TD ( ) Delete
Name: MORRIS, CARMEN
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: SAWYER, YVONNE
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: STEPHENS, VERA
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

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 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: FRANKIE B CLAYTON PD 04/16/2008

Electronic Signature of Signing Officer or Director — Date