2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2007
Secretary of State

DOCUMENT# N02000005751

Entity Name: MUSIC FOR LIFE, INC.

Current Principal Place of Business:

4720 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

4720 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-0001206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNER, JUNE R
4720 LONGBOW DRIVE
TITUSVILLE, FL 32796 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: D ( ) Delete
Name: TURNER, JUNE R
Address: 4720 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: TURNER, JUNE M
Address: 4787 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: GALFO, ELIZABETH M.D.
Address: 4477 LANTERN DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: RUDZIK, MARCIA
Address: 4241 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

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:

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: JUNE R TURNER MS 08/18/2007

Electronic Signature of Signing Officer or Director — Date