

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008876

FILED
Apr 26, 2003
Secretary of State

Entity Name: LIFE SKILLS HEALING CENTER INC.

Current Principal Place of Business:

204 W.SEMINOLE AVE.
APT # 11
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

204 W.SEMINOLE AVE.
APT # 11
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 37-1448836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROCHE', ALEXIS M
204 W.SEMINOLE AVE.
APT # 11
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

TROCHE', ALEXIS M REV.
204 W.SEMINOLE AVE.
APT # 11
MELBOURNE, FL 32901 US

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: ALEXIS M TROCHE'

04/26/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRUS () Change (X) Addition
Name: VELEZ, FRANK
Address: 1977 ONTARIO CIR. SO.
City-St-Zip: MELBOURNE, FL 32935 US

Title: REV. () Change (X) Addition
Name: TROCHE', ALEXIS M PRES.
Address: 204 WEST SEMINOLE AVE #11
City-St-Zip: MELBOURNE, FL 32901 US

Title: TRUS () Change (X) Addition
Name: MARTINEZ, HECTOR
Address: 366 N.ST
City-St-Zip: MALABAR, FL 32935 US

Title: TRUS () Change (X) Addition
Name: AITCHENSON, ROBERT
Address: 3505 LETT LANE.
City-St-Zip: MALABAR, FL 32901 US

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: ALEX TROCHE'

PRES

04/26/2003

Electronic Signature of Signing Officer or Director

Date