2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000001572

Entity Name: LIFE IMPROVEMENT FOR TOMORROW, INC.

Current Principal Place of Business:

1910 SOUTH OLIVE AVE.
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6938
WEST PALM BEACH, FL 33405 US

New Mailing Address:

1910 SOUTH OLIVE AVE.
WEST PALM BEACH, FL 33401 US

FEI Number: 82-0588557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JULIUS, LUPE M
101 NORTH SEQUOIA DR
WEST PALM BEACH, FL 33409 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: JULIUS, LUPE M
Address: 101 NORTH SEQUOIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D ( ) Delete
Name: HODGE, CYNTHIA
Address: 3983 ISLAND CLUB CIR
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Delete
Name: BARTOLONE, BLANCHE
Address: 3901 S. FLAGLER DR., #606
City-St-Zip: WEST PALM BEACH, FL 334052398

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SMITH, CARLTON
Address: 423 FERN STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ED ( ) Change (X) Addition
Name: WILLIAMS, MICHAEL
Address: 5561 N.W. 124TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Change (X) Addition
Name: LOPEZ, MARILYN
Address: 1580 SAWGRASS CORP. PARKWAY
City-St-Zip: SUNRISE, FL 33323

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: LUPE JULIUS PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date