2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002084

Entity Name: BABIES CENTER FOR LIFE, INC.

FILED Sep 20, 2008 Secretary of State

11551 NW 43RD CT CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

P.O. BOX 772324 CORAL SPRINGS, FL 33077

FEI Number: 59-0116747 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: Name and Address of New Registered Agent:

DOMINIQUE, AGLANTA 11551 NW 43RD CT

COAL SPRINGS, FL 33065 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DOMINIQUE, AGLANTA DOMINIQUE, AGLANTA Name: Name: P.O. BOX 772324 Address: P.O. BOX 772324 Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete Title: (X) Change () Addition DEZULME, LAURINCIA Name: DEZULME, LAURINCIA Name:

Address: P.O. BOX 772324 Address: P.O. BOX 772324 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: BD (X) Change () Addition

MOCOMBE, JEVHKY BAILEY, DEBORAH Name: Name: P.O. BOX 772324 1200 NW 2ND AVE APT B Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: FT.LAUDERDALE, FL 33311

Title: () Delete Title: **VPTD** (X) Change () Addition

GURWICH, ARLENE Name: Name: GURWICH, ARLENE Address: P.O. BOX 772324 Address: 12455 NW 17TH PLACE City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete Title: (X) Change () Addition

RYMER, APRIL RYMER, APRIL Name: Name: P.O. BOX 772324 P.O. BOX 772324 Address: Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: () Change (X) Addition

DAMAS, NESLEY Name: Name: Address: Address: 4390 NW 36TH ST D216 LAUDERDALE LAKES, FL 33319 City-St-Zip: 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: AGLANTA DOMINIQUE **PFBD** 09/20/2008