2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# N03000002203

Entity Name: LIVING INCLUSIVELY FOR EVERYONE, INC.

Current Principal Place of Business:

350 NW 84TH AVENUE, STE 211
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

350 NW 84TH AVENUE, STE 211
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-3771843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESSELS, ROBERT H
5111 N.E. 17TH AVENUE
FORT LAUDERDALE, FL 33334 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,P ( ) Delete
Name: STEIMAN, DAVID M M.D.
Address: 420 ALEXANDRA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D,V ( ) Delete
Name: HINDEN, STANLEY
Address: 9709 MALVERN DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D,S ( ) Delete
Name: PRADO, LAURA B
Address: 420 ALEXANDRA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D,T ( ) Delete
Name: WESSELS, ROBERT H
Address: 5111 N.E. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

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: ROBERT H WESSELS D,T 04/19/2008

Electronic Signature of Signing Officer or Director — Date