2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 19, 2007
Secretary of State

DOCUMENT# N03000003236

Entity Name: LIFE COUNCIL INC.

Current Principal Place of Business:

922 PRESCOTT BLVD
DELTONA, FL 32738 US

New Principal Place of Business:

820 DELTONA BLVD
B
DELTONA, FL 32725 US

Current Mailing Address:

922 PRESCOTT BLVD
DELTONA, FL 32738 US

New Mailing Address:

820 DELTONA BLVD
B
DELTONA, FL 32725 US

FEI Number: 56-2340542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, IAN A
922 PRESCOTT BLVD
DELTONA, FL 32738 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: P/D ( ) Delete
Name: CAMPBELL, IAN A
Address: 922 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738 US

Title: D ( ) Delete
Name: WHEELER, NISA T
Address: 922 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738 US

Title: D ( ) Delete
Name: NELSON, IAN
Address: 143-11 181ST
City-St-Zip: SPRINGFIELD GARDENS, NY 11413 US

Title: D ( ) Delete
Name: ALLEN, RICHARD
Address: 938 CLOVERLEAF BLVD
City-St-Zip: DELTONA, FL 32725 US

Title: D ( ) Delete
Name: LUMLEY, CAREY
Address: 225 DOUGLAS RD
City-St-Zip: ROSELLE, NJ 07203 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HARRISON, PAULA
Address: 2959 SHORE RD
City-St-Zip: BELLMORE, NY 11710 US

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: IAN A CAMPBELL P 11/19/2007

Electronic Signature of Signing Officer or Director — Date