2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N03000005177

Entity Name: FUNFORLIFE PERSONAL DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

10635 HUSTON LANE
LARGO, FL
LARGO, FL 33774 US

New Principal Place of Business:

10635 HUSTON LANE
LARGO, FL 33774 US

Current Mailing Address:

10635 HUSTON LANE
LARGO, FL
LARGO, FL 33774 US

New Mailing Address:

10635 HUSTON LANE
LARGO, FL 33774 US

FEI Number: 41-2099509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARROLD, EDWARD J JR.
10635 HUSTON LANE
LARGO, FL 33774 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 ( ) Delete
Name: HARROLD, EDWARD J JR.
Address: 10635 HUSTON LANE
City-St-Zip: LARGO, FL 33774 US

Title: VP ( ) Delete
Name: AMBROSE, ROGER A
Address: 2244 CATALONIA WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: S ( ) Delete
Name: HARROLD, JANE E
Address: 10635 HUSTON LANE
City-St-Zip: LARGO, FL 33774 US

Title: T ( ) Delete
Name: AMBROSE, CONSTANCE R
Address: 2244 CATALONIA WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

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

Title: D ( ) Change (X) Addition
Name: BENNETT, MELISA
Address: PO BOX 56
City-St-Zip: LAKE HAMILTON, FL 33851

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: EDWARD J HARROLD JR P 01/08/2004
Electronic Signature of Signing Officer or Director — Date