

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005686

FILED  
May 01, 2004  
Secretary of State

Entity Name: LIFE DEVELOPMENT OF AMERICA, INC.

## Current Principal Place of Business:

1706 E SEMORAN BLVD, STE 112  
APOPKA, FL 32703

## New Principal Place of Business:

1706 E SEMORAN BLVD, STE 127  
APOPKA, FL 32703

## Current Mailing Address:

1706 E SEMORAN BLVD, STE 112  
APOPKA, FL 32703

## New Mailing Address:

1706 E SEMORAN BLVD, STE 127  
APOPKA, FL 32703

FEI Number: 81-0610679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEW, DEBRA M  
1706 E SEMORAN BLVD, STE 112  
APOPKA, FL 32703

## Name and Address of New Registered Agent:

MATTHEW, DEBRA M  
1706 E SEMORAN BLVD, STE 127  
APOPKA, FL 32703

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: DEBRA MATTHEW

05/01/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATTHEW, DEBRA M  
Address: 1706 E SEMORAN BLVD, STE 112  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: WILSON, TIMOTHY  
Address: 1912 SPRUCE CT  
City-St-Zip: MAITLAND, F3 32751

Title: D ( ) Delete  
Name: PENDARVIS, GWEN  
Address: 6807 WINDSTREAM TERRACE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: MONTALVO, TIMOTHY  
Address: 2500 PERSHING AVE  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MATTHEW, DEBRA M  
Address: 1706 E SEMORAN BLVD, STE 127  
City-St-Zip: APOPKA, FL 32703

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 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: DEBRA MATTHEW

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date