2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008603

FILED Apr 26, 2004 Secretary of State

Entity Name: LIFE COACHING DEVELOPMENT CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 476 NE 87TH ST. EL PORTAL, FL 33138 **Current Mailing Address: New Mailing Address:** 476 NE 87TH ST. EL PORTAL, FL 33138 FEI Number: 13-4278385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNASSON, MADELIENE R JOHNASSON, MADELEINE R 476 NE 87TH ST. 476 NE 87TH ST. EL PORTAL, FL 33138 EL PORTAL, FL 33138 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: MADELEINE R. JOHANSSON 04/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition JOHANSSON, MADELEINE R Name: Name: 476 NE 87TH ST. Address: Address: City-St-Zip: EL PORTAL, FL 33138 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: JIMENEZ, HUMBERTO F Name: Address: 74 W. 50TH ST. Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition PETERSON, MARIANNE Name: Name: 10985 MILITARY TRAIL APT. 203 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: TD () Delete Title: () Change () Addition ANASSORI, MICAL Name: Name: Address: 10909 S.W. 149TH PL Address: City-St-Zip: MIAMI, FL 33196 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: MADELEINE R. JOHANSSON DIR 04/26/2004