2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# N03000008770

Entity Name: RELEVANT LIFE SOLUTIONS INC.

Current Principal Place of Business:

2512 AMBROSIA DR
MIDDLEBURG, FL 32086

New Principal Place of Business:

Current Mailing Address:

2512 AMBROSIA DR
MIDDLEBURG, FL 32086

New Mailing Address:

FEI Number: 86-1084453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN HEERDEN, ANDRE
2512 AMBROSIA DR
MIDDLEBURG, FL 32086 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: VAN HEERDEN, ANDRE C
Address: 2512 AMBROSIA DR
City-St-Zip: MIDDLEBURG, FL 32086

Title: DIR ( ) Delete
Name: MANDY, NEVILLE
Address: 2512 AMBROSIA DR
City-St-Zip: MIDDLEBURG, FL 32086

Title: TRES ( ) Delete
Name: VAN HEERDEN, ANDRE
Address: 2512 AMBROSIA DR
City-St-Zip: MIDDLEBURG, FL 32086

Title: DIR ( ) Delete
Name: VAN HEERDEN, ANDRE C
Address: 2512 AMBROSIA DR
City-St-Zip: MIDDLEBURG, FL 32086

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: ANDRE VAN HEERDEN P 05/22/2008

Electronic Signature of Signing Officer or Director — Date