

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001523

FILED
Jan 28, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA LIFE RESOURCES, INC.

Current Principal Place of Business:

4400 NORTH HWY 19A
SUITE 4
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

705 LAKESHORE DRIVE
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 20-0756369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KATHRYN
705 LAKESHORE DR.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

THEROIT, KEITH
144 BRIGADOON PLACE
ORLANDO, FL 32835 US

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: KEITH THEROIT

01/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JOHNSON, KATHRYN
Address: 705 LAKESHORE DR.
City-St-Zip: EUSTIS, FL 32726

Title: CD () Delete
Name: JOHNSON, SUSAN
Address: P. O. BOX 1242
City-St-Zip: EUSTIS, FL 32727

Title: SD () Delete
Name: THEROIT, KEITH
Address: 144 BRIGADOON PLACE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THEROIT, KEITH
Address: 144 BRIGADOON PLACE
City-St-Zip: ORLANDO, FL 32835

Title: CD (X) Change () Addition
Name: GENE, GARCON
Address: P. O. BOX 1242
City-St-Zip: EUSTIS, FL 32727

Title: SD/T (X) Change () Addition
Name: JOHNSON, KATHRYN
Address: 705 LAKESHORE DRIVE
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN JOHNSON

SD/T

01/28/2007

Electronic Signature of Signing Officer or Director

Date