
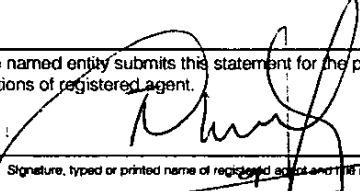


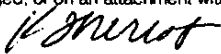
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

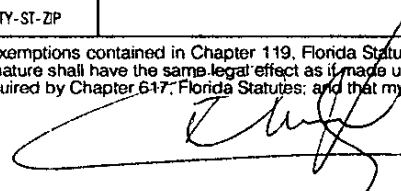
FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 025 ****70.00

DOCUMENT # N04000001523 1. Entity Name CENTRAL FLORIDA LIFE RESOURCES, INC.					
Principal Place of Business 4400 NORTH HWY 19A SUITE 4 MT. DORA, FL 32757			Mailing Address 705 LAKESHORE DRIVE EUSTIS, FL 32726		
2. Principal Place of Business - No P.O. Box # 1814 W. Colonial DR Suite, Apt. #, etc.		3. Mailing Address 15849 SURFBIRD COURT Suite, Apt. #, etc.			
City & State Orlando FL		City & State MASCOTTE, FL		4. FEI Number 20-0756369	
Zip 32804		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32804		Country ORANGE		6. Name and Address of Current Registered Agent THEROIT, KEITH 144 BRIGADOON PLACE ORLANDO, FL 32835	
Zip 32804		Country ORANGE		7. Name and Address of New Registered Agent Name JEAN GARCON Street Address (P.O. Box Number is Not Acceptable) 15849 SURFBIRD COURT City MASCOTTE FL Zip Code 34753	
Zip 32804		Country ORANGE		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  JEAN GARCON 2/5/08 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEROIT, KEITH 144 BRIGADOON PLACE ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCON, JEAN 15849 SURFBIRD COURT MASCOTTE, FL 34753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GENE, GARCON P. O. BOX 1242 EUSTIS, FL 32727	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLELLIE DE ROUSSEAU 15849 SURFBIRD COURT MASCOTTE, FL 34753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/T JOHNSON, KATHRYN 705 LAKESHORE DRIVE EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/T JOHNSON, KATHRYN 3031 LAMP LIGHTER LANE DUBLIN, GA 31021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

 **3/03/08**

 **3/3/08**