2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # N0400005295 1. Entity Name LIFE TO THE MAX, INC. Principal Place of Business Mailing Address 23394 MEADOW VIEW DRIVE PO BOX 4817 DOWLING PARK FL 32060 **DOWLING PARK FL 32064** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stato 4. FEI Number Applied For 43-2052610 Not Applicable Ζιp Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANKIN, AMANDA Street Address (P.O. Box Number is Not Acceptable) 23394 MEADOW VIEW RD. **DOWLING PARK FL 32060** City Zip Code 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 (NOTE: Registered Ageni signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ШЕ ☐ Delete DILE Change ☐ Addition NAME RANKIN, AMANDA M STREET ADDRESS PO BOX 4740 STREET ADDRESS U00000703823 CITY-S1-7IP DOWLING PARK FL 32064 CITY-ST-ZIP 04/20/07-80155 THE ☐ Delete TITLE NAME LEBO, LENORE B NAME STREET ADDRESS STREET ADDRESS PO BOX 4788 CITY-SI-ZIP CITY-S1-ZIP **DOWLING PARK FL 32064** TITLE ☐ Delete HILE ☐ Change Addition BM NAME NAME RANKIN, ANTHONY STREET ADDRESS PO BOX 4740 STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP **DOWLING PARK FL 32064** IIIL ☐ Delete TITLE ■ Addition NAME NAME LEBO, BURTON STREET ADDRESS STREET ADDRESS PO BOX 4788 CITY-ST-ZIP CITY-ST-ZIP DOWLING PARK FL 32064 ☐ Delete UTLE Change TITLE ☐ Addition NAME HARRIS, KATHERINE P NAME STREE I ADDRESS **ROUTE 1, BOX 3358** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 TITLE ☐ Delete THIE ☐ Change ☐ Addition NAME MELLOR, ANITA NAME STREET ADDRESS 23168 104TH ST. STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060

that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information statutes are information of the information statutes and that my name appears in Block 10 or Block 11

MODULA CIRCA

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