

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007745

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: A BETTER LIFE FOUNDATION, INC.

## Current Principal Place of Business:

4551 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

4551 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 20-1830671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A&A REGISTERED AGENT, INC.  
4551 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 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: PD ( ) Delete  
Name: HOEGH, ANDERS  
Address: 1105 PLACETAS AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete  
Name: CASSELL, MINDY  
Address: 5935 CHAPMAN FIELDS DRIVE  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: BLACKMAN, JOAN  
Address: 1105 PLACETAS AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: SUTHERLAND, VICTORIA  
Address: 3859 CARBON CANYON ROAD  
City-St-Zip: MALIBU, CA 90265

Title: D ( ) Delete  
Name: FINE, DAWN  
Address: 5300 FAIRCHILD WAY  
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete  
Name: JENSEN, TROND  
Address: 6120 RIVIERA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

## 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:

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: ANDERS HOEGH

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date