2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000000956

Entity Name: LYMPHEDEMA RESOURCES, INC.

Current Principal Place of Business:

20231 BURNSIDE PLACE #404
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1115
ESTERO, FL 33928 US

New Mailing Address:

POST OFFICE BOX 1115
ESTERO, FL 33929 US

FEI Number: 20-2246162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUENSTEIN, CLAIRE S
20231 BURNSIDE PLACE #404
ESTERO, FL 33928 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: HAUENSTEIN, CLAIRE S
Address: 20231 BURNSIDE PLACE #404
City-St-Zip: ESTERO, FL 33928 US

Title: VP ( ) Delete
Name: GROSSMAN, WENDY
Address: 348 WENTWORTH COURT
City-St-Zip: NAPLES, FL 34104

Title: SEC ( ) Delete
Name: HOLLAND, LINDA
Address: 619 SE 32ND TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TREA ( ) Delete
Name: SPEAS, JACQUELYN
Address: 13681 DOCTOR'S WAY
City-St-Zip: FT. MYERS, FL 33912

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: CLAIRE S. HAUENSTEIN P 04/29/2009

Electronic Signature of Signing Officer or Director — Date