

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001089

FILED
Jun 27, 2007
Secretary of State

Entity Name: MAXIMIZED LIVING FOUNDATION, INC.

Current Principal Place of Business:

604 FRONT STREET
CELEBRATION, FL 34747

New Principal Place of Business:

610 SYCAMORE STREET
SUITE 350
CELEBRATION, FL 34747

Current Mailing Address:

1004 RIDGE POINT COVE
LONGWOOD, FL 32750

New Mailing Address:

610 SYCAMORE STREET
SUITE 350
CELEBRATION, FL 34747

FEI Number: 61-1482658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMAN, GREG
Address: 604 FRONT ST
City-St-Zip: CELEBRATION, FL 34747

Title: DP () Delete
Name: LERNER, BEN
Address: 604 FRONT ST
City-St-Zip: CELEBRATION, FL 34747

Title: ST () Delete
Name: GILBERT, IVY
Address: 1004 RIDGE POINT COVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MAHAN, VERONICA B
Address: 610 SYCAMORE STREET, SUITE 350
City-St-Zip: CELEBRATION, FL 34747

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: VERONICA B. MAHAN

ST

06/27/2007

Electronic Signature of Signing Officer or Director

Date