

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001089

FILED
Apr 16, 2009
Secretary of State

Entity Name: MAXIMIZED LIVING FOUNDATION, INC.

Current Principal Place of Business:

610 SYCAMORE STREET
SUITE 340
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

610 SYCAMORE STREET
SUITE 340
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 61-1482658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LERNER, BEN
604 FRONT STREET
CELEBRATION, FL 34747 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: BEN LERNER

04/16/2009

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 (X) Delete
Name: MAHAN, VERONICA B
Address: 610 SYCAMORE STREET, SUITE 340
City-St-Zip: CELEBRATION, FL 34747

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:

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: BEN LERNER

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date