

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005101

FILED
Jun 16, 2009
Secretary of State

Entity Name: FIND THE LIFE, INC.

Current Principal Place of Business:

4426 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

2557 EAST IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

Current Mailing Address:

4426 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

2557 EAST IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

FEI Number: 20-2853332 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:

TARDZER, CEPHAS S
704 DROMEDARY DRIVE
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

PICCINELLI, ARNALDO
4418 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746 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: ARNALDO PICCINELLI

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROLLINS, WILLIAM
Address: 4426 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: TD () Delete
Name: PICCINELLI, ARNALDO
Address: 4418 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: CARPENTER, JEROME
Address: 2704 RIVKIN DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: ROLLINS, DANA
Address: 4426 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD (X) Delete
Name: PICCINELLI, KIMBERLY
Address: 4418 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PICCINELLI, KIMBERLY
Address: 4418 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: ARNALDO PICCINELLI

TD

06/16/2009

Electronic Signature of Signing Officer or Director

Date