2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000009587

Entity Name: LIFELINE STRATEGIES, INC.

Current Principal Place of Business:

18763 SW 107TH AVE (MARLIN ROAD)
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11720 SW 169TH TERRACE
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-3535450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THOMAS, LEON
11720 SW 169TH TERRACE
MIAMI, FL 33177 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: THOMAS, LEON
Address: 11720 SW 169TH TERRACE
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete
Name: THOMAS, ALTHEA
Address: 11720 SW 169TH TERR
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: THOMAS, MARIAH
Address: 11720 SW 169TH TERR
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete
Name: THOMAS, NIGEL
Address: 11720 SW 169TH TERR
City-St-Zip: MIAMI, FL 33177

Title: H ( ) Delete
Name: THOMAS, ONYX
Address: 11720 SW 169TH TERR
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: THOMAS, PATIENCE
Address: 11720 SW 169TH TERR
City-St-Zip: MIAMI, FL 33177

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 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: LEON THOMAS P 05/01/2006

Electronic Signature of Signing Officer or Director — Date