

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010452

FILED
Jan 25, 2009
Secretary of State

Entity Name: STRATEGIC LIFE INTERVENTIONS, INC.

Current Principal Place of Business:

1324 LOWRIE AVE
HOME
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1324 LOWRIE AVE
HOME
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 02-0754861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETT, TOM
1324 LOWRIE AVE
ORLANDO, FL 32805 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: ED () Delete
Name: LOVETT, TOM
Address: 1324 LOWRIE AVE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: LEVETT, TOM
Address: 1324 LOWRIE AVE
City-St-Zip: ORLANDO, FL 32805

Title: BM () Delete
Name: PICKENS, BETTY
Address: 4001 SHANNON BROWN DR
City-St-Zip: ORLANDO, FL 32808

Title: BM () Delete
Name: HARIAN, OTHA
Address: 11953 HATCHER CIR
City-St-Zip: ORLANDO, FL 32825

Title: BM () Delete
Name: MCNAUGHTON, DON
Address: 6434 ABBXONE CT
City-St-Zip: ORLANDO, FL 32818

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:

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: TOM LOVETT

CEO

01/25/2009

Electronic Signature of Signing Officer or Director

Date