2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N06000001904

Entity Name: ALL PURPOSE LIFESKILLS, INC.

Current Principal Place of Business:

ELLEN LOEBELENZ
1958 NW 79TH WAY
PEMBROKE PINES, FL 33024

New Principal Place of Business:

4801 SOUTH UNIVERSITY DRIVE
SUITE 254
DAVIE, FL 33328

Current Mailing Address:

ALL PURPOSE LIFESKILLS, INC.
P O BOX 84 8805
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 13-4321644 **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:

LOEBELENZ, ELLEN
1958 NW 79TH WAY
PEMBROKE PINES, FL 33024 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: CEO ( ) Delete
Name: LOEBELENZ, ELLEN
Address: 1958 NW 79 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete
Name: GROSS, ROBERT
Address: 1000 RIVER REACH
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S ( ) Delete
Name: WIGZELL, RICHARD
Address: 5200 MAVERICK DRIVE
City-St-Zip: AUSTIN, TX 78727

Title: P ( ) Delete
Name: COMBEST, PHILIP
Address: 2101 S.W. 119TH AVE
City-St-Zip: MIRAMAR, FL 33025

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:

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: ELLEN LOEBELENZ CEO 05/12/2009

Electronic Signature of Signing Officer or Director — Date