2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002440

FINLAY, WENDY

OCALA, FL 34471

2822 SE 6TH STPLACE RO9AD

Name:

Address:

City-St-Zip:

Entity Name: LIFE CHANCING CHILDDEN I

FILED Feb 12, 2008 Secretary of State

Entity Name: LIFE CHANGING CHILDREN, INC. **Current Principal Place of Business: New Principal Place of Business:** 2451 SE 156TH PLACE RO9AD SUMMERFIELD, FL 344915024 **Current Mailing Address: New Mailing Address:** 2451 SE 156TH PLACE RO9AD SUMMERFIELD, FL 344915024 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROOT, DANIEL R 2451 SE 156TH PLACE RO9AD SUMMERFIELD, FL 344915024 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition ROOT, RUTH C Name: Name: Address: 2451 SE 156TH PLACE RO9AD Address: City-St-Zip: SUMMERFIELD, FL 344915024 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SMITH, RAYMOND L Name: Address: 16117 SW 44TH CIRCLE Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: () Change () Addition GOETZ, MICHAEL Name: Name: Address: P.O. BOX 1101 Address: City-St-Zip: SILVER SPRINS, FL 34489 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LARSSON, ERIC Name: 8741 SW 19TH AVENUE RD. Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUTH C. ROOT CEO 02/12/2008