

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004135

FILED
Apr 07, 2008
Secretary of State

Entity Name: KNOWLEDGE FOR LIVING, INC.

Current Principal Place of Business:

116 B PARRAMORE AVENUE
ORLANDO, FL 32901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555452
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 20-4693041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMIDULLAH, AMINAH
2854 TOLWORTH AVENUE
ORLANDO, FL 32837 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: D/P () Delete
Name: HAMIDULLAH, AMINAH
Address: 2854 TOLWORTH AVENUE
City-St-Zip: ORLANDO, FL 32837

Title: TREA () Delete
Name: HAMIDULLAH, HATIM
Address: 2854 TOLWORTH AVENUE
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: RIVERA, APRIL
Address: 14414 AVALON RESERVE BLVD #104
City-St-Zip: ORLANDO, FL 32828

Title: SEC () Delete
Name: DIAZ, JULIUS
Address: 1390 TROPICAL DRIVE # 2122
City-St-Zip: ORLANDO, FL 32839

Title: ADV () Delete
Name: HENSON, GARY
Address: 1290 NORTHRIDGE BLVD #721
City-St-Zip: CLAIRMONT, FL 34711

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: AMINAH HAMIDULLAH

D/P

04/07/2008

Electronic Signature of Signing Officer or Director

Date