2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000009982

Entity Name: CRUSADE FOR A BETTER LIFE INC.

Current Principal Place of Business:

38 SIOUX LANE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

38 SIOUX LANE
LANTANA, FL 33462

New Mailing Address:

FEI Number: 75-3240007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARENT, ALAIN P
38 SIOUX LANE
LANTANA, FL 33462 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: C ( ) Delete
Name: PARENT, ALAIN P
Address: 38 SIOUX LANE
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete
Name: FRANCOIS, NADINE
Address: 8068 PALM GATE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T ( ) Delete
Name: PARENT, MARIE-ANGE
Address: 38 SIOUX LANE
City-St-Zip: LANTANA, FL 33462

Title: M ( ) Delete
Name: ST-PAUL, JEAN
Address: 752 NW 77 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: M ( ) Delete
Name: LOUISSAINT, ROSE-MARIE
Address: 1835 DONALD ROAD
City-St-Zip: WEST PALM BEACH, FL 33461

Title: M ( ) Delete
Name: MICHEL, ROBINSON
Address: 38 SIOUX LANE
City-St-Zip: LANTANA, FL 33462

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 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: ALAIN PICARD PARENT C 04/30/2009

Electronic Signature of Signing Officer or Director — Date