

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 02, 2008  
Secretary of State**

DOCUMENT# N07000005643

**Entity Name:** LIFESTYLE ALTERNATIVES CENTRE OF PALM BEACH, INC.

**Current Principal Place of Business:**

3575 23RD AVENUE SOUTH  
SUITE 101  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

403 S. K STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

STACY, C. KEIKI  
403 S. K STREET  
LAKE WORTH, FL 33460 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:**

Title: P  Delete  
Name: STACY, C. KEIKI  
Address: 403 S. K STREET  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: C. KEIKI STACY

P

07/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date