2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N07000006401

Entity Name: LIFE IN YOUR HANDS - VIDA EN TUS MANOS, INC.

Current Principal Place of Business:

5 SPOON PL
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

5 SPOON PL
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 26-0455707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

GARCIA, BETHZAIDA
5 SPOON PL
KISSIMMEE, FL 34759 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 ( ) Delete
Name: CORTES, LYDIA
Address: 444 CART COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: D (X) Delete
Name: GONZALEZ, SATURNINO
Address: 2500 WESY OAKRIDGE RD
City-St-Zip: ORLANDO, FL 34758

Title: O ( ) Delete
Name: HERRERA, EVELYN
Address: 421302
City-St-Zip: KISSIMMEE, FL 34741

Title: O ( ) Delete
Name: VARGAS, CARMEN
Address: 8 NORTH STEWART AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: O ( ) Delete
Name: RIVERA, EDWIN
Address: 9753 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

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: BETHZAIDA GARCIA D 06/25/2009
Electronic Signature of Signing Officer or Director — Date