

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90152 006 \*\*\*\*61.25

66014185



01192008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000007298</b> 1. Entity Name <b>LIFE SKILLS CENTER - POLK COUNTY EAST, INC.</b>																																																																																															
Principal Place of Business <b>28051 HIGHWAY 27 DUNDEE, FL 33838</b>			Mailing Address <b>4433 MARCHMONT BLVD LAND O LAKES, FL 34638</b>																																																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State		City & State																																																																																													
Zip	Country	Zip	Country																																																																																												
4. FEI Number <b>26-0581783</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																												
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																																																																																												
6. Name and Address of Current Registered Agent  <b>SWANSON, KATHLEEN C 4433 MARCHMONT BLVD LAND O LAKES, FL 34638</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																												
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																																																															
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
Make check payable to <b>Florida Department of State</b>																																																																																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																															
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																															