

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008797

FILED
Jan 24, 2008
Secretary of State

Entity Name: SOLUTIONS FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business:

268 SWAIN BLVD
GREENACRES
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540884
GREENACRES, FL 33454

New Mailing Address:

FEI Number: 26-0805140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIER-EASTMOND, MICHELLE L
9894 WARNER LANE
WELLINGTON, FL 33414 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: P () Delete
Name: GRIER-EASTMOND, MICHELLE L
Address: 9894 WARNER LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: EASTMOND, CONDELL M
Address: 9894 WARNER LANE
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: GRIER, OWEN G
Address: 114-86 177STREET
City-St-Zip: ST ALBANS, NY 11431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GRIER, VALERIE
Address: 307 MULBERRY GRIVE ROAD
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MICHELLE GRIER-EASTMOND

P

01/24/2008

Electronic Signature of Signing Officer or Director

Date