

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N07000010574

Entity Name: SCHOOL OF LIFE, INC.

Current Principal Place of Business:

375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445EHLE RS

New Principal Place of Business:

375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445 US

Current Mailing Address:

375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445EHLE RS

New Mailing Address:

375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445 US

FEI Number: 26-1469874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHLERS, MARION
375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445EHLE RS

Name and Address of New Registered Agent:

EHLERS, MARION
375 SHERWOOD FOREST DRIVE
DELRAY BCH, FL 33445 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: MARION EHLERS

03/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: EHLERS, MARION
Address: 375 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BCH, FL 33445EHLE RS

Title: DVP () Delete
Name: O'HIGGINS, TIMOTHY DR.
Address: 5564 LAKE OSBORNE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: DS () Delete
Name: SISOIAN, MARGARET
Address: 7131 HIGH RIDGE RD
City-St-Zip: BOYNTON BCH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCPT (X) Change () Addition
Name: EHLERS, MARION
Address: 375 SHERWOOD FOREST DRIVE
City-St-Zip: DELRAY BCH, FL 33445 US

Title: DVP (X) Change () Addition
Name: O'HIGGINS, TIMOTHY DR.
Address: 5564 LAKE OSBORNE DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DS (X) Change () Addition
Name: SISOIAN, MARGARET
Address: 7131 HIGH RIDGE RD
City-St-Zip: BOYNTON BCH, FL 33426 US

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: MARION EHLERS

DCPT

03/11/2008

Electronic Signature of Signing Officer or Director

Date