2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N07000011881

Entity Name: IGNITE LIFE CENTER INC.

Current Principal Place of Business:

404 NORTHWEST 14TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

404 NORTHWEST 14TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 26-1552854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: VARGAS, DAVID
Address: 404 NORTHWEST 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete
Name: VEGA, MARK
Address: 404 NORTHWEST 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: VEGA, LISA
Address: 404 NORTHWEST 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: LUVIS, EUNICE
Address: 404 NORTHWEST 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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:

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: LISA VEGA SD 05/13/2009

Electronic Signature of Signing Officer or Director — Date