

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004637

FILED
May 04, 2009
Secretary of State

Entity Name: QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.

Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
ORLANDO, FL 32810

New Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
#110
ORLANDO, FL 32810

Current Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
ORLANDO, FL 32810

New Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
#110
ORLANDO, FL 32810

FEI Number: 30-0515877 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:

HUBBARD, ALTERMEASE
5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

HUBBARD, ALTERMEASE
5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
#110
ORLANDO, FL 32810 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: _____

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HUBBARD, ALTERMEASE
Address: 5358 CONA REEF COURT
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: AUGUST, DARYL
Address: 5358 CONA REEF COURT
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: JACKSON, GREGORY A
Address: 7905 CONGAREE CT N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: ROINSON, MYRTICE
Address: 1132 BYERLY WAY
City-St-Zip: ORLANDO, FL 32818

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: ALTERMEASE S. HUBBARD

DT

05/04/2009

Electronic Signature of Signing Officer or Director

Date