2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# N08000004637

Entity Name: QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0515877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBBARD, ALTERMEASE
5104 NORTH ORANGE BLOSSOM TRAIL SUITE #110
#110
ORLANDO, FL 32810 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: DT
Name: HUBBARD, ALTERMEASE
Address: 5358 CONA REEF COURT
City-St-Zip: ORLANDO, FL 32810

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALTERMEASE S. HUBBARD PRES 03/31/2010

Electronic Signature of Signing Officer or Director — Date