

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004637

FILED  
Jan 31, 2012  
Secretary of State

**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:** KIMBLE, ALTERMEASE S  
**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 KIMBLE

PRES

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date