2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005415

FILED Apr 28, 2009 Secretary of State

Entity Nai	me: PASSION FOR LIVING FOUNDATION	ON, INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1906 SW 5 OKEECHO	5TH AVE DBEE, FL 34974			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1906 SW 5 OKEECHO	5TH AVE DBEE, FL 34974			
FEI Number:	: FEI Number Applied For (X)) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	t: Name and Address o	of New Registered Agent:	
ROBY, KA 1906 SW 5 OKEECHO				
	e named entity submits this statement for t e of Florida.	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	l Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete ROBY, KARLA H PO BOX 2881 OKEECHOBEE, FL 34973	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SALES, DEBRA S PO BOX 2556 OKEECHOBEE, FL 34973	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete JAMESON, REBA L 8119 NE 12TH STREET OKEECHOBEE, FL 34972	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KARLA H ROBY D 04/28/2009