2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010673

Apr 30, 2009 Secretary of State

Entity Name: LIVING ARTS META PROGRAMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 828 30TH CT. WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** P.O. BOX 2246 WEST PALM BEACH, FL 33402 FEI Number: 26-4525067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAIRCHILD, M. DOUGLAS 809 37TH STREET WEST PALM BEACH, FL 33407 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition FAIRCHILD, M. DOUGLAS Name: Name: Address: Address: 809 37TH STREET City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407 US Title: Title: TREA () Change (X) Addition () Delete Name: Name: YOUNGER, SARAH Address: Address: 828 30 COURT City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407 US Title: () Delete Title: SECR () Change (X) Addition Name: BAKK, BRENDA Name: Address: Address: E. ASHLEY DR City-St-Zip: City-St-Zip: GREENACRES, FL

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: SARAH YOUNGER **TRES** 04/30/2009