

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000656

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** RECREATING LIVES, INC

**Current Principal Place of Business:**

5197 NE 14 AVENUE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4530 NE 14 AVE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 27-4659735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLARE SISTERS, LLC  
5197 NE 14 AVE  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

SMITH, KIRSTIN K  
4530 NE 14 AVE  
POMPANO BEACH, FL 33064 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: KIRSTIN SMITH

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, KIRSTIN K  
Address: 4530 NE 14 AVE  
City-St-Zip: POMPANO BEACH, FL 33064 US

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: KIRSTIN SMITH

P

04/20/2012

Electronic Signature of Signing Officer or Director

Date