## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17571

FILED Jan 05, 2006 Secretary of State

Entity Name: LIFE CONCEPTS GROUP HOME I, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LIFE CONCEPTS, INC. 380 SEMORAN COMMERCE PLACE

PO BOX 1300 N/A SUITE B204

APOPKA, FL 32704 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

C/O LIFE CONCEPTS, INC. PO BOX 1300

PO BOX 1300 N/A APOPKA, FL 32704 US APOPKA, FL 32704 US

FEI Number: 59-2752878 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:

PORTA, K LIFE CONCEPTS, INC.

C/O LIFE CONCEPTS, INC. 380 SEMORAN COMMERCE PLACE

380 SEMORAN COMMERCE PLACE, #B-205 SUITE B204

APOPKA, FL 32704 US APOPKA, FL 32703 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: M. KATIE PORTA 01/05/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DESIMONE, BETH
 Name:

 Address:
 312 PRESSVIEW AVENUE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

Title: CD ( ) Delete Title: T (X) Change ( ) Addition Name: FERNNADEZ, MELANIE Name: FERNNADEZ, MELANIE

Address: 201 S ORANGE AVE STE 950 Address: 201 S ORANGE AVE STE 950
City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

 Title:
 D
 ( ) Delete
 Title:
 VC
 (X) Change ( ) Addition

 Name:
 WATERS, JIM
 Name:
 HAVEN, JOLYNN

 Address:
 2324 BAESEL VIEW DRIVE
 Address:
 PO BOX 618412

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32861

Name: PORTA, KATIE Name: PORTA, KATIE

Address: 380 SEMORAN COMMERCE PLACE, B-204 Address: 380 SEMORAN COMMERCE PLACE, B-204

City-St-Zip: APOPKA, FL City-St-Zip: APOPKA, FL 32703

 Name:
 HUNGATE, ROB
 Name:
 HUNGATE, ROB

 Address:
 P.O. BOX 3193
 Address:
 P.O. BOX 3193

 City-St-Zip:
 ORLANDO, FL 32802
 City-St-Zip:
 ORLANDO, FL 32802

Title: D ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 WILSON, CAROL
 Name:
 WILSON, CAROL

 Address:
 3026 CHRIS LANE
 Address:
 3026 CHRIS LANE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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: M. KATIE PORTA P 01/05/2006