2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# N42423

Entity Name: LIFE MANAGEMENT INSTITUTE, INC.

Current Principal Place of Business:

934 N. UNIVERSITY DRIVE
#333
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

934 N. UNIVERSITY DRIVE
#333
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0252236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, DENNIS P.
934 N. UNIVERSITY DRIVE
#333
CORAL SPRINGS, FL 33071 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:	D	( ) Delete
Name:	WILLIAMS, DENNIS P.,	
Address:	934 N. UNIVERSITY DRIVE, #333	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	DT	( ) Delete
Name:	BENING, STEPHEN L	
Address:	934 N. UNIVERSITY DRIVE, #333	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	D	( ) Delete
Name:	WILLIAMS, JUDY	
Address:	934 N. UNIVERSITY DRIVE, #333	
City-St-Zip:	CORAL SPRINGS, FL 33371	
Title:	D	( ) Delete
Name:	CAVALANCIA, PEGGY	
Address:	934 N. UNIVERSITY DRIVE, #333	
City-St-Zip:	CORAL SPRINGS, FL 33371	
Title:	D	( ) Delete
Name:	LEINA, LEBRON	
Address:	934 N. UNIVERSITY DRIVE, #333	
City-St-Zip:	CORAL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS P. WILLIAMS PRES 05/11/2005
Electronic Signature of Signing Officer or Director — Date