NOT-FOR-PROFIT CORPORATION

DOCUMENT # N 43819

1. Entity Name

LIFE CYCLES GUARDIANSHIP FOUNDATION, Inc

FILED Apr 07, 2002 8:00 am Secretary of State

04-07-2002 90068 033 ****61.2

LIFE CYCLES G-WARDVINSHIP FOUNDATION, Inc					04-07-2002 90068 033 ******61.25			
do not write in this space					-			
2. Principal Place of Business 8910 N. DALE MABRY Suite, Apt. #, etc. SuitE 23 3. Mailing Address 8910 N. DAL Suite, Apt. #, etc. Suite 23		E MABRY			DO NOT WRITE IN THIS	S SPACE		
City & State Tampa FL		City & State TAmpa	City & State		4. FEI Number 59 - 307	70763	Applied For Not Applicable	
33614	Country HLLsborough	Zip 33614	Country	nic H	5. Certificate of St		\$8.75 Additional Fee Required	
	111111111111111111111111111111111111111		Name	· •		ess of Current Registere	ed Agent	
				TIM	MOTHY G. HAYES ESQ. s (P.O. Box Number is Not Acceptable)			
in this space				79 STATE 70 200	ROAD 54			
			City	2000 1 m	<u> </u>	FI	Zip Code 33549	
8. The above named entity submits this statement for the purpose of changing its registered office or registered a					ed agent, or both, in	the state of Florida.		
SIGNATURE SIGNATURE								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required via the signature required via the signature required via the signature required via the signature.					when reinstating)	DATE		
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co		mnaign Financing			Maka Cha	de Davishla és		
Initial or	Amended UBR	1	, •		\$5.00 May Be Added to Fees		ck Payable to ent of State	
10.	Amended UBR OFFICERS AND DIREC	Trust Fund (Contribution.	_				
10. TITLE P NAME HAYES	OFFICERS AND DIRECT	Trust Fund (Contribution. THILE NAME					
10. TITLE D HAYES STREET ADDRESS 21859	OFFICERS AND DIRECT , TI MOTHY C. STATE ROAD	Trust Fund (CTORS 54 STE 200	Contribution. THILE NAME					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP LUTZ	OFFICERS AND DIRECT TIMOTHY &. STATE ROAD -, FLOTIDA 3	Trust Fund (CTORS 54 , STE 200 3549	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ranne Wallace Tuttle,

Derector

3122/02