2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43819

FILED Apr 20, 2005 Secretary of State

Entity Name: LIFE CYCLES GUARDIANSHIP FOUNDATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
SUITE 23	ALE MABRY HV	VY				
TAMPA, FI	L 33614 US					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 23	ALE MABRY HV L 33614 US	VY				
TAMPA, FI FEI Number:	: 59-3070763	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
			•		,	
		urrent Registered Agent:			f New Registered Agent:	
HAYES, TIMOTHY G. 21859 STATE ROAD 54 SUITE 200			8910 N. D.	TUTTLE, JOANNE W EX. DIR 8910 N. DALE MABRY HWY 23		
LUTZ, FL 33549 US				TAMPA, FL 33614 US		
	named entity s e of Florida.	ubmits this statement for the	purpose of changing	its registered	d office or registered agent, or bo	oth,
SIGNATUR	RE: JOANNE \	WALLACE TUTTLE			04/20/2005	
	Electroni	c Signature of Registered Ag	ent		Date	_
OFFICERS	S AND DIRECT	ORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	HAYES, TIMOTH	Delete IY G ESQ OAD 54, SUITE 200	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	TUTTLE, JOANN	ABRY HWY, STE 23	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CABRERA TREM 4636 GLENSIDE TAMPA, FL 336	CIR	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CRAFT, JOANNE 2251 UNION STI WEST PALM BE	REET	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	GEORGE, JO	() Change (X) Addition DSEPH P ESQUIRE TOWERS, PH4, 9400 S DADELAND BI 3156	L V D
Title: Name: Address:	()	Delete	Title: Name: Address: City-St-Zip:	CRAFT, JER	() Change (X) Addition OME W M.D. (SIDE DRIVE	

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: JOANNE WALLACE TUTTLE EXDR 04/20/2005