2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47704

FILED May 13, 2009 Secretary of State

Entity Name: COLLABORATIVE FOR END OF LIFE AND GRIEF EDUCATION, INC.

| Current P | rincipal Place of Business: | New Principal Place of Business: | | |
|--|--|---|----------------------|--|
| | T FAIRBANKS AVE. #339 PARK, FL 32789 US | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| | T FAIRBANKS AVE. #339 PARK, FL 32789 US | | | |
| | : FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent: | FEI Number Not Applicable (X) Certificate of Status Desired not receive the prior notice. Name and Address of New Registered Agent: | () | |
| 127 WES | ON, ELIZABETH T FAIRBANKS AVE. #339 PARK, FL 32789 US | | | |
| | e named entity submits this statement for the e of Florida. | e purpose of changing its registered office or registered agent, o | r both | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered A | gent Date | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | | |
| itle: lame: ddress: city-St-Zip: | TD () Delete KNOWLTON, ELIZABETH 118 LAKESIDE CIR SANFORD, FL 32773 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| itle: lame: .ddress: city-St-Zip: | PD () Delete ANDERSON, DENISE PO BOX 1585 GOLDENROD, FL 32733 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| itle: lame: \ddress: | VD () Delete PITKETHLY, OLIVIA 4258 CLOVERLEAF PLACE CASSELBERRY, FL 32707 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| ity-St-Zip: | SD () Delete | Title: () Change () Addition | | |
| City-St-Zip: Title: Jame: J | KUPFERMAN, ELIZABETH 9106 PHILLIPS GROVE TERRACE ORLANDO, FL 32836 | Name: Address: City-St-Zip: | | |
| itle: lame: .ddress: | KUPFERMAN, ÉLIZABETH 9106 PHILLIPS GROVE TERRACE | Address: | | |

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH KNOWLTON TD 05/13/2009