

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51287

FILED
May 05, 2008
Secretary of State

Entity Name: SCHOOLIFE, INC.

Current Principal Place of Business:

1300 S. OLIVE AVE.
W PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1496
W PALM BEACH, FL 334021496 US

New Mailing Address:

FEI Number: 65-0354886 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:

Name and Address of New Registered Agent:

ABDELLA, LEO F
633 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABDELLA, LEO F
Address: 633 HUDSON BAY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: WELLS, JACK D
Address: 4849 SABLE PINE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 27

Title: TD () Delete
Name: KOHLMAYER, FRED
Address: 4462 HICKORY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: MALONE, BOB
Address: 3300 SPRINGDALE BLVD #M219
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: ANDERSON, JERRY
Address: 750 OCEAN ROYALE WAY #302
City-St-Zip: JUNO BEACH, FL 33408

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 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: LEO F. ABDELLA

PD

05/05/2008

Electronic Signature of Signing Officer or Director

Date