

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003289

FILED
Apr 22, 2007
Secretary of State

Entity Name: A TIME TO LIVE, INC.

Current Principal Place of Business:

116 HURON
DAVIS ISLAND
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

116 HURON
DAVIS ISLAND
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3251335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, RUBY L
116 HURON
DAVIS ISLAND
TAMPA, FL 33606 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: P/D () Delete
Name: YOUNG, JOHN D M.D.
Address: 9990 E GULF STREET
City-St-Zip: SEMINOLE, FL 33776

Title: DST () Delete
Name: CARR, RUBY L
Address: 116 HURON, DAVIS ISLAND
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST () Change (X) Addition
Name: KUTTLER, EVELYN
Address: 8336 40TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBY LOUISE CARR

MS.

04/22/2007

Electronic Signature of Signing Officer or Director

Date