## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004038

Title:

Name:

Address:

City-St-Zip:

FILED Feb 25, 2009 Secretary of State

Entity Nam	ne: LIVING BR	READ OF LIFE, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	ST TRAIL # 5 T RICHEY, FL	34668		
Current Mailing Address:		New Mailing Address:		
	ST TRAIL # 5 FRICHEY, FL	34668		
FEI Number:	59-3266070	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	ΓRICHEY, FL			
7650 FORE NEW POR1	Γ RICHEY, FL named entity si		oose of changing its registere	d office or registered agent, or both,
7650 FORE NEW POR1 The above r	Γ RICHEY, FL named entity si of Florida. E:	ubmits this statement for the purր		d office or registered agent, or both,
7650 FORE NEW PORT The above r in the State	Γ RICHEY, FL named entity si of Florida. E:			d office or registered agent, or both,  Date
7650 FORE NEW PORT The above r in the State SIGNATUR	Γ RICHEY, FL named entity si of Florida. E:	ubmits this statement for the purp c Signature of Registered Agent		
7650 FORE NEW PORT The above r in the State SIGNATUR	ramed entity so of Florida.  E:Electronic	ubmits this statement for the purpose Signature of Registered Agent ORS: Delete A RAIL # 5		Date
7650 FORE NEW PORT The above r in the State SIGNATUR  OFFICERS Title: Name: Address:	T RICHEY, FL  named entity so of Florida.  E:  Electronic  AND DIRECT  PD ()I  FLOREZ, FREDA 7650 FOREST T  NEW PORT RICH  T ()I  JOANN, HRUBY	ubmits this statement for the purpose Signature of Registered Agent ORS: Delete A RAIL # 5 HEY, FL 34668 Delete WOODLANDS DR.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: F FLOREZ **PRES** 02/25/2009

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COLE, HELAÎNE E

18 COUNTRY CLUB RD

COCOA BEACH, FL 32931

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