2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 28, 2007 08:00 A DOCUMENT # N94000005335 1. Entity Name **Secretary of State** COMMUNITY LIFE OPTIONS, INC. Principal Place of Business Mailing Address 1422 GLENEAGLES WAY ROCKLEDGE FL 32955 POST OFFICE BOX 8275 COCOA FL 32924 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3276630 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENDLA, ALVA Street Address (P.O. Box Number is Not Acceptable) 1422 GLENEAGLES WAY **ROCKLEDGE FL 32955** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Ageni signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Due By May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE C Delete ☐ Change ☐ Addition NAME RENDLA, WAYNE U00000651897 03/09/07-80025-018 61.25 STREET ADDRESS STREET ADDRESS 1422 GLENEAGLES WAY CITY - ST-7IP **ROCKLEDGE FL 32955** CITY-ST-ZIP TITLE Defete IIItE ☐ Change Addition BOD NAMA RENDLA, ALVA STREET ADDRESS STREET ADDRESS 1422 GLENEAGLES WAY CITY-SI-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 TITLE ☐ Delete IIIŒ Change ☐ Addition NAME NAME RENDLA, FRANK STREET ADDRESS STREET ADDRESS **5709 VICKERY AVENUE EAST** CITY ST-7/P CITY-ST-ZIP TACOMA FL 98443 ☐ Delete TITLE ☐ Addilion ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

if changed, or on an attachment with an address, with all other like empowered Alva

IGNATURE: Warned Rendy Alvalluda Feb 25, 2007 321 266-0296

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 in Block 10 or Block 11