

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005203

FILED  
May 04, 2010  
Secretary of State

Entity Name: SOLVING LIFE INC.

**Current Principal Place of Business:**

25517 DEVONSHIRE LANE  
MONEE, IL 60449

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 751  
HOMEWOOD, IL 60430

**New Mailing Address:**

PO BOX 760  
MONEE, IL 60449

FEI Number: 65-0862230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MASON, LINDA  
4428 SANIBEL WAY  
BRADENTON, FL 34203      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: D  
Name: DODGE, DANIEL R  
Address: 25517 DEVONSHIRE LN  
City-St-Zip: MONEE, IL 60449

Title: D  
Name: DODGE, GRETHEL  
Address: 25517 DEVONSHIRE LN  
City-St-Zip: MONEE, IL 60449

Title: D  
Name: DODGE, THOMAS  
Address: 11261 W. KENNEDY RD.  
City-St-Zip: PEOTONE, IL 60468

Title: D  
Name: VARGES, ABEL SR.  
Address: VALLE DE LAS PALMAS #1198,JARDINES DELVALL  
City-St-Zip: MEXICALI, BC 21240 MX

Title: D  
Name: CURTIN, PAT  
Address: 102 SHADOWWOOD DRIVE  
City-St-Zip: E. AMHERST, NY 14051

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. DODGE

PRES

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date