2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005614

Entity Name: LIFECHANGE CONCEPTS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4905 VAN DYKE RD STE 16 LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

P. O. BOX 272230 TAMPA, FL 33688

FEI Number: 59-3599181 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:

LYNCH, RAYMOND E 2017 ABBEY TRACE DR DOVER, FL 33527

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Change () Addition () Delete

LYNCH, RAYMOND E Name: Name: 2017 ABBEY TRACE DR Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip:

Title: VPSD () Delete Title: SD (X) Change () Addition Name: LYNCH, JUDY A Name: PARTIN, DAVE

Address: 2017 ABBEY TRACE DR Address: 14909 GREELEY DR. City-St-Zip: DOVER, FL 33527 City-St-Zip: TAMPA, FL 33625

Title: () Delete Title: DVP (X) Change () Addition PORRICOLO, JOHN

PORRICOLO, JOHN Name: Name: 15342 SHERWOOD FOREST DR 15342 SHERWOOD FOREST DR Address:

Address: City-St-Zip: TAMPA, FL 336472100 City-St-Zip: TAMPA, FL 336472100

Title: () Delete Title: D (X) Change () Addition

RENJE, BILL Name: MYERS, PHILIP Name: Address: 219 W. NORTH ST. Address: 27233 LAUREL CHASE LANE City-St-Zip: TAMPA, FL 33604 City-St-Zip: WESLEY CHAPEL, FL 33543

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: RAYMOND LYNCH **PRES** 04/14/2009