2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# N99000006101

Entity Name: FOUNTAINS OF LIVING, INC.

Current Principal Place of Business:

91940 OVERSEAS HIGHWAY
SUITE #3
TAVERNIER, FL 33070 US

New Principal Place of Business:

28945 S.W. 187 AVE.
HOMESTEAD, FL 33030 US

Current Mailing Address:

91940 OVERSEAS HIGHWAY
SUIT #3
TAVERNIER, FL 33070 US

New Mailing Address:

28945 S.W. 187 AVE.
HOMESTEAD, FL 33030 US

FEI Number: 65-0954118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERSAGE, ELAYNE
25611 SW 130TH AVE
HOMESTEAD, FL 33032 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: PD ( ) Delete
Name: VERSAGE, ELAYNE F
Address: 25611 SW 130 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete
Name: VERSAGE, PETER
Address: 25611 SW 130 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: VTD (X) Delete
Name: RUIZ, ANDRES DR
Address: 18250 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: SD ( ) Delete
Name: SIMON, MARIAN
Address: 163 HIBISCUS
City-St-Zip: TAVERNIER, FL 33070 US

Title: D ( ) Delete
Name: JORGE, ARANGO
Address: 28945 SW 187TH AVE
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PETER C. VERSAGE JR. D 02/01/2008
Electronic Signature of Signing Officer or Director Date