2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N99000006101

Entity Name: FOUNTAINS OF LIVING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

VERSAGE, ELAYNE
25611 SW 130TH AVE
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

VERSAGE, ELAYNE
16700 SW 272ND STREET
HOMESTEAD, FL 33031 US

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: ELAYNE VERSAGE 03/23/2009
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: 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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: VERSAGE, ELAYNE F
Address: 16700 SW 272ND STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: P/D (X) Change ( ) Addition
Name: VERSAGE, PETER
Address: 16700 SW 272ND STREET
City-St-Zip: HOMESTEAD, FL 33031 US

Title: D (X) Change ( ) Addition
Name: SIMON, MARIAN
Address: 163 HIBISCUS
City-St-Zip: TAVERNIER, FL 33070 US

Title: T/D (X) Change ( ) Addition
Name: SIZEMORE, KIM
Address: 90 NW 15TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: S/D ( ) Change (X) Addition
Name: DAVIES, NANCY
Address: 18424 SW 294TH TERRACE
City-St-Zip: HOMESTEAD, FL 33030

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: ELAYNE VERSAGE CEO 03/23/2009
Electronic Signature of Signing Officer or Director Date