

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042061

FILED  
Apr 14, 2011  
Secretary of State

Entity Name: INDEPENDENT LIVING SOLUTIONS, INC.

## Current Principal Place of Business:

474 NORTH HARBOR CITY BLVD.  
UNIT #2  
MELBOURNE, FL 32635

## New Principal Place of Business:

474 NORTH HARBOR CITY BLVD.  
UNIT #2  
MELBOURNE, FL 32935

## Current Mailing Address:

474 NORTH HARBOR CITY BLVD.  
UNIT #2  
MELBOURNE, FL 32635

## New Mailing Address:

474 NORTH HARBOR CITY BLVD.  
UNIT #2  
MELBOURNE, FL 32935

FEI Number: 59-3716177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MITCHELL, MELISSA M PRES  
1900 SOUTH HARBOR CITY BLVD.  
SUITE 110  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

MITCHELL, MELISSA M PRES  
474 NORTH HARBOR CITY BLVD.  
SUITE 2  
MELBOURNE, FL 32935 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:

04/14/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: MITCHELL, MELISSA M  
Address: 2667 HOPI DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: VSTD  
Name: MITCHELL, MELISSA M  
Address: 2667 HOPI DR.  
City-St-Zip: MELBOURNE, FL 32935

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA MITCHELL

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date