2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000030530

Entity Name: LIFE SKILLS CORPORATION

Current Principal Place of Business:

255 SOUTH ORANGE AVENUE SIXTH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

255 S ORANGE AVE
6TH FLOOR
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 1511
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 03-0422408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINO, LAURENCE J ESQ
255 SOUTH ORANGE AVENUE SIXTH FLOOR
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EARLY, DAVID
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: P ( ) Delete
Name: EARLY, DAVID
Address: 255 S. ORANGE AVE. 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: T ( ) Delete
Name: NICKORSON, CRAIG
Address: 255 S. ORAGNE AVE, 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Delete
Name: WILSON, PATRICIA
Address: 255 S. ORAGNE AVE, 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: EARLY, DAVID
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: T (X) Change ( ) Addition
Name: NICKERSON, CRAIG
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Change ( ) Addition
Name: WILSON, PATRICIA T
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID EARLY DP 04/28/2005

Electronic Signature of Signing Officer or Director — Date