2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P03000004629

Entity Name: REAL LIFE COUNSELING, INC.

Current Principal Place of Business:

221 E. 23RD. STREET
SUITE
PANAMA CITY, FL 32405

New Principal Place of Business:

221 E. 23RD. STREET
SUITE F
PANAMA CITY, FL 32405

Current Mailing Address:

P.O. BOX 1315
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 30-0161163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAST, GREGORY E
1416 KENTUCKY AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

GAST, GREGORY E
906 BUENA VISTA BLVD
PANAMA CITY, FL 32401 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: 02/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GAST, GREGORY E
Address: P.O. BOX 1315
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GAST, GREGORY E
Address: 906 BUENA VISTA BLVD
City-St-Zip: PANAMA CITY, FL 32401

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

SIGNATURE: GREGORY E GAST D 02/06/2009
Electronic Signature of Signing Officer or Director — Date