

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142348

FILED
Apr 15, 2009
Secretary of State

Entity Name: THERAPEUTIC LIFESTYLE CHOICES, INC.

Current Principal Place of Business:

25087 PINE WATER COVE LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

25087 PINE WATER COVE LANE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-0471990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWDER, TERRY
25087 PINE WATER COVE LANE
BONITA SPRINGS, FL 34134 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: P, S () Delete
Name: LOWDER, TERRY
Address: 25087 PINE WATER COVE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP, () Delete
Name: GEORGE, RONNIE
Address: PO BOX 3432
City-St-Zip: BONITA SPRINGS, FL 34133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: TERRY LOWDER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date