


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 036 ***150.00

DOCUMENT # P07000011635	
1. Entity Name QUALITY LIFE COACH, INC.	

Principal Place of Business 14722 CONDOR PASS LARGO, FL 33760	Mailing Address 14722 CONDOR PASS LARGO, FL 33760
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2. Principal Place of Business - No P.O. Box # 14699 Condor Pass	3. Mailing Address 14699 Condor Pass
Suite, Apt. #, etc. Unit 1	Suite, Apt. #, etc. Unit 1
City & State Clearwater, FL	City & State Clearwater, FL 33760
Zip 33760	Zip 33760
Country USA	Country USA



04162008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8307099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHIANG, XING-XING 14722 CONDOR PASS LARGO, FL 33760	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James Chiang* DATE: 4/16/08
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CHIANG, JAMES 14722 CONDOR PASS LARGO, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D CHIANG, XING-XING 14722 CONDOR PASS LARGO, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Chiang* DATE: 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR