

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000033325

**FILED**  
**Jun 10, 2011**  
**Secretary of State**

**Entity Name:** LIFESTYLES COLLEGE OF DEVELOPMENT INC.

**Current Principal Place of Business:**

1705 S FEDERAL HWY  
SUITE A5  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1705 S FEDERAL HWY  
SUITE A5  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 27-2396435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOTS, SHANNON  
1705 S FEDERAL HWY  
SUITE A5  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

CID, FRANK  
701 S SWINTON AVE  
DELRAY BEACH, FL 33444 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: FRANK CID

06/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOOTS, SHANNON  
Address: 1705 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP  
Name: CID, FRANK  
Address: 701 S SWINTON AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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: FRANK CID

VP

06/10/2011

Electronic Signature of Signing Officer or Director

Date