2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P37110

Entity Name: GOOD LIFE RESORTS, INC.

Current Principal Place of Business:

180 SOUTH BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

180 SOUTH BROADWAY
BARTOW, FL 33830

New Mailing Address:

FEI Number: 86-0672931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFRIES, WILLIE MAY
180 SOUTH BROADWAY
BARTOW, FL 33830 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: DCP ( ) Delete
Name: KILBOURNE, ROBERT
Address: 6815 HWY 60 E
City-St-Zip: BARTOW, FL

Title: VP ( ) Delete
Name: EDGLEY, JACQULINE
Address: 6815 HWY 60 EAST
City-St-Zip: MULBERRY, FL 33860

Title: S ( ) Delete
Name: EDGLEY, JACQUELINE,
Address: 6815 HWY 60 E
City-St-Zip: BARTOW, FL

Title: D ( ) Delete
Name: JOHN EDGLEY,
Address: 5056 N 83RD STREET
City-St-Zip: SCOTTSDALE, AZ

Title: D ( ) Delete
Name: GRADY, KENDRA R
Address: 6815 HWY 60 E
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT L KILBOURNE PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date