

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # P97000055291

1. Entity Name
QUALITY OF LIFE COACHING SERVICES, INC.



Principal Place of Business
**3941 NORTH SHELL ROAD
SARASOTA, FL 34242**

Mailing Address
**3941 NORTH SHELL ROAD
SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0768082 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**TAULERE, ALAIN P
3941 N SHELL RD
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | TAULERE, BONNIE |
| STREET ADDRESS | 3941 N SHELL RD |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | VP |
| NAME | SCHMAGNER, MARY |
| STREET ADDRESS | 2491 8TH ST #77 |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| TITLE | VPD |
| NAME | FERGUSON, ROBERT |
| STREET ADDRESS | 103 MILL ROCK COURT |
| CITY-ST-ZIP | CARRBORO, NC 27510 |
| TITLE | T |
| NAME | DAHMEN, PEARL |
| STREET ADDRESS | 4654 FLATBUSH AVENUE |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | S |
| NAME | PRADE, ELIZABETH |
| STREET ADDRESS | 4619 HIGEL AVE |
| CITY-ST-ZIP | SARASOTA, F 34242 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

Alain P. Taulere
President

Date

3/20/07

Daytime Phone #