

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069915

FILED
Aug 11, 2009
Secretary of State

Entity Name: TAKE CHARGE LIFESTYLE MANAGEMENT, INC.

Current Principal Place of Business:

11306 CARROLLWOOD DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11306 CARROLLWOOD DR.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3462893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOVER, DOROTHY A
11306 CARROLLWOOD DR
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

GROOVER-SKIPPER, DOROTHY A
11306 CARROLLWOOD DR
TAMPA, FL 33618 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: DOROTHY A. GROOVER-SKIPPER

08/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GROOVER, DOROTHY A
Address: 11306 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GROOVER-SKIPPER, DOROTHY A
Address: 11306 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

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: DOROTHY A. GROOVER-SKIPPER

PRES

08/11/2009

Electronic Signature of Signing Officer or Director

Date