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. 04/22/2024 SIGNATURE: REV. DR. THOMAS L. NORRIS PRESIDENT

Electronic Signature of Signing Officer/Director Detail

38 SOUTH BLUE ANGEL PARKWAY #217 PENSACOLA, FL 32506

DOCUMENT# P11000032739

Current Mailing Address:

4278 CARTGATE DRIVE GULF SHORES, AL 36542 US

FEI Number: 45-1543203

Name and Address of Current Registered Agent:

NORRIS, THOMAS L REV.DR. 4278 CARTGATE DRIVE GULF SHORES, FL 36542 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

PRESIDENT	Title	VP
NORRIS, THOMAS L REV.DR.	Name	NORRIS, CATHLEEN D
4278 CARTGATE DRIVE	Address	4278 CARTGATE DRIVE
GULF SHORES AL 36542	City-State-Zip:	GULF SHORES AL 36542
	PRESIDENT NORRIS, THOMAS L REV.DR. 4278 CARTGATE DRIVE	PRESIDENTTitleNORRIS, THOMAS L REV.DR.Name4278 CARTGATE DRIVEAddress

Entity Name: INNER LIFE TRANSFORMATIONS, INC. **Current Principal Place of Business:**

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2024 Secretary of State

Certificate of Status Desired: No

Date

0879874957CC

FILED

Date