

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2005
Secretary of State**

DOCUMENT# N04000005530

Entity Name: LIFESKILLS HEALTH AND FITNESS, INC.

Current Principal Place of Business:

1370 C. SARNO RD.
MELBOURNE, FL 32935

New Principal Place of Business:

1370 C. SARNO RD.
MELBOURNE, FL 32935 US

Current Mailing Address:

1370 C. SARNO RD.
MELBOURNE, FL 32935

New Mailing Address:

1370 C. SARNO RD.
MELBOURNE, FL 32935 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNTIEDT, SUSAN
1370 C. SARNO RD.
MELBOURNE, FL 32935 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAULKNER, AMY
Address: 1567 BRONCO DR.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: DECKER, MYRTLE
Address: 1043 TORTOISE CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: UNTIEDT, SUSAN
Address: 1019 WORTHINGTON SPRING DR.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: FERRELL, JOHN
Address: 2280 N. WICKHAM RD., #1214
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAULKNER, AMY
Address: 1567 BRONCO DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: D (X) Change () Addition
Name: DECKER, MYRTLE
Address: 1043 TORTOISE CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

Title: D (X) Change () Addition
Name: UNTIEDT, SUSAN
Address: 1019 WORTHINGTON SPRING DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: D (X) Change () Addition
Name: FERRELL, JOHN
Address: 2280 N. WICKHAM RD., #1214
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY FAULKNER

D

04/11/2005

Electronic Signature of Signing Officer or Director

Date