

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

06 MAY -1 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04072006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000007745			
1. Entity Name A BETTER LIFE FOUNDATION, INC.		Principal Place of Business 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	
Mailing Address 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		2. Principal Place of Business	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		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		7. Name and Address of New Registered Agent	
A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOEGH, ANDERS 1105 PLACETAS AVE. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Non-executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sutherland Victoria 3859 Carbon Canyon Rd Malibu, CA 90265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASSELL, MINDY 5935 CHAPMAN FIELDS DRIVE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Non-executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fine, Dawn 5300 Fairchild Way Coral Gables, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACKMAN, JOAN 1105 PLACETAS AVE. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Non-Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jensen, Trond 10120 Riviera Drive Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		Date: 4/27/06 Daytime Phone #: 305.221.2110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	