2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N48961

Entity Name: DESIGN YOUR LIFE, INC.

Current Principal Place of Business:

8639 EAGLE RUN DR
SUITE 12
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

8639 EAGLE RUN DR
SUITE 12
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 65-0406062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLEIN, SUSAN
8639 EAGLE RUN DR
SUITE 12
BOCA RATON, FL 33434 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:	KLEIN, SUSAN	
Address:	8639 EAGLE RUN DR, SUITE 12	
City-St-Zip:	BOCA RATON, FL	
Title:	D	( ) Delete
Name:	BERTISCH, ROBERT,	
Address:	224 DATURA ST. # 301	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	D	( ) Delete
Name:	LAIRD, JOYCE,	
Address:	1201 AUSTRALIAN AVE.	
City-St-Zip:	RIVIERA BEACH, FL	
Title:	D	( ) Delete
Name:	SHENKMAN, THEA	
Address:	3450 S. OCEAN BLVD.	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	TANCER, SUSAN	
Address:	339B ROYAL POINCIANA PLAZA	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SUSAN KLEIN D 07/01/2005
Electronic Signature of Signing Officer or Director — Date