

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000051793

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** DOCTOR OF SUCCESS SEMINARS, INC.

**Current Principal Place of Business:**

7081 SW 19TH ST.  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7081 SW 19TH ST.  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-1016190      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA-LINARES, MANUEL A  
201 S. BISCAYNE BLVD., 10TH FLOOR  
MIAMI, FL 33131 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PETERS, BERNADETTE E  
Address: 7081 SW 19TH ST.  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: BELUSKO, ALICE  
Address: 7081 SW 19TH ST.  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: PETERS, KEVIN G  
Address: 7081 SW 19TH ST.  
City-St-Zip: PLANTATION, FL 33317

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE BELUSKO

D

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date