


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000045401**  
 1. Entity Name  
**LIFE STYLE MAKEOVERS, INC.**



Principal Place of Business      Mailing Address  
**857 CRESTRIDGE CIRCLE**      **857 CRESTRIDGE CIRCLE**  
**TARPON SPRINGS, FL 34688 US**      **TARPON SPRINGS, FL 34688 US**

**DO NOT WRITE IN THIS SPACE**



04052005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3184966**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HUFF, CAROL**  
**857 CRESTRIDGE CIRCLE**  
**TARPON SPRINGS, FL 34688**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

1000000293273  
 04/08/05-80023-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HUFF, CAROL
STREET ADDRESS	857 CRESTRIDGE CIRCLE
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: *Carol Huff*      Date: 4-6-05      Day/Time Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ck # 276*