2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005543

Entity Name: TIME OF YOUR LIFE NUTRACEUTICALS INC.

FILED Apr 27, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|--|---|--|--|
| 146 SECOND STREET N. SUITE 310 ST PETERSBURG, FL 33701 | | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 146 SECOND STREET N. SUITE 310 ST PETERSBURG, FL 33701 | | | | | |
| FEI Number: 2 | 22-3499679 | FEI Number Applied For () | El Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| FORTNER, RICHARD L 3346 39TH STREET NORTH SUITE C ST PETERSBURG, FL 33711 US | | | | | |
| 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: | | | | | |
| | | onic Signature of Registered Agent | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | FORTNER, RI 3346 39TH ST |) Delete CHARD L 「SOUTH STE C URG, FL 33711 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SIMMONS, PA 8619 LAUREL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (STITES, ROB 718 BRADFO WESTFIELD, | RD AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CATANEO, AN | BROOK ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (EVANS, WILL 14 MEADOW LANSDALE, P | GLEN ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (GERSON, SC MILLTOWN R BREWSTER, | OAD | Title: Name: Address: City-St-Zip: | () Change() Addition | |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. FORTNER PRES 04/27/2005