

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99779

FILED
Jan 07, 2007
Secretary of State

Entity Name: GOOD LIFE ASSOCIATES, INC.

Current Principal Place of Business:

2502 SECOND ST
STE 201
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2502 SECOND ST
STE 201
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0014424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, MARILYN
2502 SECOND ST
STE 201
FORT MYERS, FL 33901 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: VPT () Delete
Name: GOODMAN, ROBIN
Address: 2885 PALM BEACH BLVD, APT 510A
City-St-Zip: FORT MYERS, FL 33916

Title: PSD () Delete
Name: GOODMAN, MARILYN
Address: 2502 SECOND ST, #201
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: GOODMAN, ROBIN
Address: 2885 PALM BEACH BLVD, APT 501A
City-St-Zip: FORT MYERS, FL 33916

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: MARILYN GOODMAN

PRES

01/07/2007

Electronic Signature of Signing Officer or Director

Date