2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# L02000001217

Entity Name: ROAD TO BETTER HEALTH, L.L.C.

Current Principal Place of Business:

PO BOX 822498
SOUTH FLORIDA, FL 33082 24

New Principal Place of Business:

PO BOX 822498
SOUTH FLORIDA, FL 330822498

Current Mailing Address:

PO BOX 822498
SOUTH FLORIDA, FL 330822498

New Mailing Address:

FEI Number: 04-3600382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JOHNSON, MAUREEN
Address: PO BOX 822498
City-St-Zip: SOUTH FLORIDA, FL 33082 24

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, MAUREEN
Address: PO BOX 822498
City-St-Zip: SOUTH FLORIDA, FL 330822498

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAUREEN JOHNSON MGRM 06/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date