

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2006
Secretary of State**

DOCUMENT# N03000002616

Entity Name: GOOD SAMARITAN FOR A BETTER LIFE, INC.

Current Principal Place of Business:

114 THOMAS RD.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

114 THOMAS RD.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 54-2112306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUGENE, GINA MARY
114 THOMAS RD.
HOLLYWOOD, FL 33023 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EUGENE, GINA MARY
Address: 114 THOMAS RD.
City-St-Zip: HOLLYWOOD, FL 33023

Title: VD () Delete
Name: EUGENE, GINETTE
Address: 311 SOUTH HOLLYBROOK DR., BLDG.39.APT303
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: LOUTE, NESLY
Address: 2626 E. TAMiami TRAIL, STE. 7
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: MAXWELL, VALAREE D
Address: 2740 BAYSHORE DR., UNIT 5
City-St-Zip: NAPLES, FL 34112

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:

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

SIGNATURE: GINA MARY EUGENE

PRES

04/13/2006

Electronic Signature of Signing Officer or Director

Date