2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005177

FILED Jan 19, 2005 Secretary of State

Entity Name: FUNFORLIFE PERSONAL DEVELOPMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 10635 HUSTON LANE 28210 MAGNON DRIVE LARGO, FL 33774 BROOKSVILLE, FL 34601 US **Current Mailing Address: New Mailing Address:** 10635 HUSTON LANE PO BOX 162 LARGO, FL 33774 ISTACHATTA, FL 34636 US FEI Number: 41-2099509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HARROLD, EDWARD J JR. HARROLD, EDWARD J JR. 10635 HUSTON LANE PO BOX 162 LARGO, FL 33774 ISTACHATTA, FL 34636 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: 01/19/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HARROLD, EDWARD J JR. HARROLD, EDWARD J JR. Name: Name: 10635 HUSTON LANE Address: PO BOX 162 Address: City-St-Zip: LARGO, FL 33774 US City-St-Zip: ISTACHATTA, FL 34636 US Title: () Delete Title: () Change () Addition AMBROSE, ROGER A Name: Name: Address: 2244 CATALONIA WAY S. Address: City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HARROLD, JANE E Name: HARROLD, JANE E Name: 10635 HUSTON LANE Address: Address: PO BOX 162 City-St-Zip: LARGO, FL 33774 US City-St-Zip: ISTACHATTA, FL 34636 US Title: Title: () Change () Addition () Delete AMBROSE, CONSTANCE R Name: Name: Address: 2244 CATALONIA WAY S. Address: City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: Title: Title: () Delete () Change () Addition BENNETT, MELISA Name: Name: PO BOX 56 Address: Address: LAKE HAMILTON, FL 33851 City-St-Zip: City-St-Zip:

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

SIGNATURE: EDWARD J HARROLD JR P 01/19/2005