

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008770

FILED
Apr 27, 2006
Secretary of State

Entity Name: RELEVANT LIFE SOLUTIONS INC.

Current Principal Place of Business:

17131 MARLIN DR.
SUGARLOAF SHORES, FL 33042

New Principal Place of Business:

Current Mailing Address:

17131 MARLIN DR.
SUGARLOAF SHORES, FL 33042

New Mailing Address:

FEI Number: 86-1084453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGENER, CRAIG DR.
17131 MARLIN DR.
SUGARLOAF SHORES, FL 33042 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: P () Delete
Name: VAN HEERDEN, ANDRE C
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: DIR () Delete
Name: MANDY, NEVILLE
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: SEC (X) Delete
Name: WAGENER, EMRA
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: TRES () Delete
Name: WAGENER, CRAIG
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: DIR () Delete
Name: VAN HEERDEN, ANDRE C
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: DIR (X) Delete
Name: JOHNSON, REBECCA
Address: 17131 MARLIN DR.
City-St-Zip: SUGARLOAF SHORES, FL 33042

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:

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: CRAIG WAGENER

TRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date