2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N04000002320

Entity Name: "SCREAM FOR YOUR LIFE", INC.

Current Principal Place of Business:

3238 SE QUAY STREET
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

3238 SE QUAY STREET
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 13-4275304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLINELLI, NANCY A
3238 S.E. QUAY STREET
PORT ST. LUCIE, FL 34984 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, T ( ) Delete
Name: MOLINELLI, NANCY A
Address: 3238 SE QUAY ST.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: VP,T (X) Delete
Name: LEAVITT -ESPOSITO, NADINE
Address: 2334 SW BLAINE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SEC (X) Delete
Name: MOLINELLI, ZACHARY
Address: 3238 SE QUAY ST.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MOLINELLI, NANCY A
Address: 3238 SE QUAY ST.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

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 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: NANCY A. MOLINELLI PRES 01/27/2005

Electronic Signature of Signing Officer or Director — Date