


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 A
Secretary of State

DOCUMENT # N04000002837 1. Entity Name STRATEGIES4LIFE, INC.	
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Principal Place of Business PO BOX 24447 LAKELAND, FL 33802-4447	Mailing Address PO BOX 24447 LAKELAND, FL 33802-4447
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04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1092614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent WHITMAN, HOWE D 3067 GRASSLANDS DR LAKELAND, FL 33803
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

00000533970
05/06/06-80143-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, HOWE D 3067 GRASSLANDS DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, JAY 5835 HOLLYHOCK DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUCETT, NEILL B 562 DODD-FAUCETT PATH DALLAS, GA 30132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAY DENNIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #