

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002982

1. Entity Name
MOTIVATED TO THE MAX INC.



Principal Place of Business
**520 34TH STREET
WEST PALM BEACH, FL 33407**

Mailing Address
**P.O. BOX 743
PALM BEACH, FL 33480**



03232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2508907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGLEY, DOUGLAS B
520 34TH STREET
WEST PALM BEACH, FL 33407**

**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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
SINGLEY, DOUGLAS B
520 34TH STREET
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CHISAKI, MIE
1423 BRIAN WAY
WEST PALM BEACH, FL 33417**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HILL, AVIS L BISHOP
1700 SUWANEE DRIVE
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/01/07-80032-027 70.00

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: Douglas B. Singley DOUGLAS B. SINGLEY 4-10-07 541-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #