

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48961

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: DESIGN YOUR LIFE, INC.

**Current Principal Place of Business:**

6716 MOONLIT DRIVE  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

6716 MOONLIT DRIVE  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

FEI Number: 65-0406062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, SUSAN  
6716 MOONLIT DRIVE  
DELRAY BEACH, FL 33446 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: D ( ) Delete  
Name: KLEIN, SUSAN  
Address: 6716 MOONLIT DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D ( ) Delete  
Name: BERTISCH, ROBERT,  
Address: 224 DATURA ST. # 301  
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete  
Name: LAIRD, JOYCE,  
Address: 1201 AUSTRALIAN AVE.  
City-St-Zip: RIVIERA BEACH, FL

Title: D ( ) Delete  
Name: TANCER, SUSAN  
Address: 339B ROYAL POINCIANA PLAZA  
City-St-Zip: PALM BEACH, FL 33480

**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:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN KLEIN

D

04/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date