


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 022 ****61.25

DOCUMENT # N94000004872	
1. Entity Name SUNCOAST YOGA TEACHERS ASSOCIATION, INC.	

Principal Place of Business LIFEWORX YOGA STUDIO 1405A CLEVELAND ST CLEARWATER, FL 33755	Mailing Address 10216 REGAL DR #606 SEMINOLE, FL 33774-4949 US
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40006405



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3310970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CASE, JEAN W 10216 REGAL DR APT. 606 SEMINOLE, FL 33774-4949	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERTOLINO, BETSY
STREET ADDRESS	2799 VALENCIA LANE, WEST
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	D <input type="checkbox"/> Delete
NAME	CASE, JEAN
STREET ADDRESS	10216 REGAL DRIVE APT #606
CITY-ST-ZIP	SEMINOLE, FL 33774
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GRATZOL, KURT
STREET ADDRESS	417 TWELFTH AVE N.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D <input type="checkbox"/> Delete
NAME	BORCHERS, MARIAN N
STREET ADDRESS	17536 WILLOW POND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D <input type="checkbox"/> Delete
NAME	BRITTA, DENISE
STREET ADDRESS	555 5TH AVE., N
CITY-ST-ZIP	ST. PETERSBURG, FL 339012817
TITLE	D <input type="checkbox"/> Delete
NAME	ABREU, PEGGY
STREET ADDRESS	4712 COACHMAN AVEN.
CITY-ST-ZIP	TAMPA, FL 33611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Arruda, Martha
STREET ADDRESS	2049 Broadway
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Susan Wasserman
STREET ADDRESS	7015 Grevilla Ave S.
CITY-ST-ZIP	5 Pasadena, FL 33707
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Susan Wasserman, Treasurer 1/18/06 (727) 347-7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #