


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004245	
1. Entity Name BRIGHTER LIFE INC.	

Principal Place of Business 4403 JOHN BELL DRIVE TAMPA, FL 33610	Mailing Address 4403 JOHN BELL JR. DR. TAMPA, FL 33610
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01092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3396533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACOBS, LATOSHA 4403 JOHN BELL DR TAMPA, FL 33610

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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, LATOSHA 4403 JOHN BELL DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, CHEVELLA 3038 38TH ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCDONALD, IRIS 12768 PALMER CIRCLE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, WINONA 1304 E OSBORNE AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Latosha Jacobs LATOSHA JACOBS 813-928-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #