2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P00000073469

Entity Name: THE GOOD LIFE GROUP, INC.

Current Principal Place of Business:

45 TOWN CENTER LOOP
C-7
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

237 WILDERNESS WAY
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3664559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLEAT, DAVID B
4477 LEGENDARY DR, STE 202
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POLK, SAM
Address: 170 EMERALD DUNES CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: KING, BRUCE
Address: 170 EMERALD DUNES CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: MAY, BARBARA
Address: 237 WILDERNESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: MAY, TOMMY
Address: 237 WILDERNESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY MAY D 01/08/2004

Electronic Signature of Signing Officer or Director — Date