2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035157

Entity Name: NEVER LOSE YOUR WAY, INC.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4243 W. HENDERSON TAMPA, FL 336295610

Current Mailing Address: New Mailing Address:

4243 W. HENDERSON TAMPA, FL 336295610

FEI Number: 02-0648570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARVEY, HOLLIE L
12912 OAK SHADOW PLACE
TAMPA, FL 33624 US
HARVEY, HOLLIE L
14012 WATERVILLE CIRCLE
TAMPA, FL 33626 US

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: HOLLIE L. HARVEY 07/06/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIDECTORS

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name:HARVEY, HOLLIE LName:HARVEY, HOLLIE LAddress:12912 OAK SHADOW PLACEAddress:14012 WATERVILLE CIRCLE

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33626

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: HOLLIE L. HARVEY D 07/06/2005