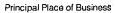
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

2183 US 27 N

DOCUMENT # P02000060669

GOOD LIVING INTERNATIONAL MARKETING SYSTEMS,



2183 US 27 N SEBRING, FL 33870



FILED Sep 08, 2005 8:00 am Secretary of State

09-08-2005 90071 004 ***150.00

S 50065747 SEBRING, FL 33870



No Chg-P CR2E034 (10/03) 09062005 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3433986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Daytime Phone

6. Name and Address of Current Registered Agent

VELMONTE, BEN 2183 US 27 N SEBRING, FL 33870

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligation that the ob	ions of registered agent.				
Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. ·	OFFICERS AND DIREC	CTORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELMONTE, TERI 3815 RAMIRO ST SEBRING, FL 33871	4	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELMONTE, BENJAMIN 3815 RAMIRO ST SEBRING, FL 33871				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

OFFICER OR DIRECTOR

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