FILED

03 NOV 19 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099766

1. Entity Name

Life Savers CPR Training Group, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
2920 NE 23 PL Suite, Apt. #, etc. POMPANO BEACH FL Zip 33062 Country USA	2920 NE 23 PL Suite, Apt. #, etc. POMPANO Bch, FL Zip 33062 Country USA	52-2380392	

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CAROL SOLOMON ESQ

Street Address (P.O. Box Number is Not Acceptable): 1900 W COMMERCIAL BLVD STE 137

City: FT LAUDERDALE FL Zip Code: 33309

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 (Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when changed) DATE

January 1 - May 1 Fee is $450.00 / After May 1 Fee is $550.00 / Amended UBR is $61.25

Make Check Payable to Florida Department of State

9. (Election Campaign Financing section) $5.00 May Be Added to Fees [ ] Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ERROR Traci Johnson POMPANO BCH 2920 ~~NE~~ 23 Place, ~~Ft. Lauderdale~~, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD TRACI JOHNSON 2920 NE 23 PL POMPANO BEACH FL 33062
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11/19/03 01044-005 **150.00

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CR2E034(5-12/02)

12. I hereby certify that no information supplied with this filing 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 on an attachment with all other like empowered.

SIGNATURE: Traci M 11/14/03 954-785-2615

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #

To whom it may concern, 11/15/03

This is the first time in my life I have had a corporation and this year did not receive my Uniform Business Report and conseqently did not file the report. The first I heard of the problem is when I received the notice of dissolution.
I apologize for my ignorance but would like the opportunity to rectify the situation as it is my first time dealing with a corporation.

Thanking you in advance,

Traci A Johnson