

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132138

FILED
Apr 20, 2006
Secretary of State

Entity Name: THERAPEUTIC LIFE CONCEPTS, INC.

Current Principal Place of Business:

1011 IVES DAIRY ROAD
BUILDING 2 SUITE 208
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1011 IVES DAIRY ROAD
BUILDING 2 SUITE 208
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 13-4228254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERO, THOMAS A
300 S. PINE ISLAND ROAD
SUITE 237
PLANTATION, FL 333242631 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: SD () Delete
Name: COHEN, MICHELE
Address: 1990 NE 191 DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PD () Delete
Name: KONCSOL, STEPHEN W
Address: 13200 SW 32ND COURT
City-St-Zip: DAVIE, FL 33330

Title: TD () Delete
Name: CREMER, DAVID
Address: 1971 NE 187 DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VD () Delete
Name: KOEDAM, WILHELMINA S
Address: 1011 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33019

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 Chapter 119, 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: DAVID CREMER, MD

TD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date