

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006604

1. Entity Name
LIFE COUNSELING, INC.



Principal Place of Business
2121 N. BAYSHORE DRIVE
UNIT 910
MIAMI, FL 33137

Mailing Address
2121 N. BAYSHORE DRIVE
UNIT 910
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

FILED
05 FEB 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4519332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GLAUSER, STUART H CPA
12910 SW 84 STREET
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000286163 01/21/05--00023-010-150-00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLERICK, JAMES V 2121 N. BAYSHORE DRIVE #910 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, VALERIE 2121 N. BAYSHORE DRIVE #910 MIAMI, FL 33137
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100047025191
02/22/05--01013--013 **150.00

BR 2/14

12. I hereby certify that the 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Millerick* 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #