

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90333 042 \*\*\*150.00

<b>DOCUMENT # P03000015063</b> 1. Entity Name <b>YOGA FOR TRANSFORMATION, INC.</b>			
Principal Place of Business <b>1122 LAKE WILLISARA CIR. ORLANDO FL 32806</b>		Mailing Address <b>1122 LAKE WILLISARA CIR. ORLANDO FL 32806</b>	
2. Principal Place of Business <b>817 E. Washington St</b> Suite, Apt. #, etc.		3. Mailing Address <b>719 Strathmore Dr</b> Suite, Apt. #, etc.	
City & State <b>Orlando FL</b> Zip <b>32801</b> Country <b>USA</b>		City & State <b>Orlando FL</b> Zip <b>32803</b> Country <b>USA</b>	
4. FEI Number <b>04-3736516</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BOUCHER, ERICA 1122 LAKE WILLISARA CIR. ORLANDO FL 32806</b>		7. Name and Address of New Registered Agent Name <b>Erica Boucher</b> Street Address (P.O. Box Number is Not Acceptable) <b>719 Strathmore Dr.</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32803</b>	
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 <u>Erica Boucher</u> DATE <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS: \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BOUCHER, ERICA 1122 LAKE WILLISARA CIR. ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Erica Boucher</u> <u>Erica Boucher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/23/05</u> Daytime Phone # <u>407-417-5497</u>	

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1st MOORE CR2E034 (10/04)