## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000024578 1. Erlity Name FOREVER YOUNG PATHWAYS, INC.



FILED Jan 28, 2005 08:00 AM Secretary of State

Principal Place of Business

3 ESCONDIDO CIRCLE

UNIT # 7 ALTAMONTE SPRINGS, FL 32701 Mailing Address

3 ESCONDIDO CIRCLE

UNIT # 7 ALTAMONTE SPRINGS, FL 32701



01242005

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-2337142

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHT, BETTE R 3 ESCONDIDO CIRCLE UNIT # 7 ALTAMONTE SPRINGS, FL 32701

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |   |  |   |                                |                           |
|--|---|--|---|--------------------------------|---------------------------|
| SIGNATURE Signeture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling)  OATE   |   |  |   |                                |                           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00  |   | 9. Election Campaign Finance<br>Trust Fund Contribution. | cing                                      | \$5.00 May Be<br>Added to Fees |                           |
| 10. OFFICERS AND DIRECTORS   |   |  |   |                                |                           |
| TITLE NAME. STREET ADDRESS CITY-ST-ZIP   | PVTS LIGHT, BETTE R 3 ESCONDIDO CIRCLE, UNIT #7 ALTAMONTE SPRINGS, FL 32701 |  | U00000202491<br>01/28/05-80110-022 158.75 |                                |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   | ·                              | 01/28/05-80110-022 158.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | DO NOT WRITE                              |                                |                           |
| TITLE NAME. STREET ADDRESS CITY-ST-ZIP   |   |  | IN THIS SPACE                             |                                |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   | .=                             |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |   |                                |                           |
| 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  |   |  |   |                                |                           |

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.

K

Bette K. A

1-26-05

407-696-3015

Date