

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000024578

1. Entity Name  
FOREVER YOUNG PATHWAYS, INC.



**FILED**

**Jan 24, 2007 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



**DO NOT WRITE IN THIS SPACE**

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2337142	Applied For Not Applicable
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5. Certificate of Status Desired  \$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**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

U000000601913  
01/26/07-80069-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS LIGHT, BETTE R 3 ESCONDIDO CIRCLE, UNIT #7 ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Bette R. Light*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bette R. Light 1/20/07 407-696-3015*

Date

Daytime Phone #