
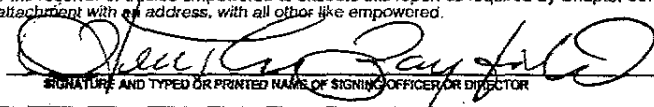


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000029779 1. Entity Name LIFE MANAGEMENT ADVISORS, INC.		
Principal Place of Business 230 HOPKINS STREET NEPTUNE BEACH, FL 32266	Mailing Address 1520 SAWGRASS VILLAGE DR. #341 PONTE VEDRA BEACH, FL 32082	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAYFIELD, HEATHER L 1520 SAWGRASS VILLAGE DR. # 341 PONTE VEDRA BEACH, FL 32082		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000509240 04/28/06-80037-010 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BAYFIELD, HEATHER L	
STREET ADDRESS	230 HOPKINS STREET	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  4/11/06 249-2999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #</small>		



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0686726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	