2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		REPORT (A	R)	<u> </u>		ED		
DOCUMENT # P03000030026 1. Entity Name					May 25, 2005 08:00 AM Secretary of State			
LIFE ST	YLE MASSAGE INC.				Secreta	iy oi k	raic	
Principal Place of Business		Mailing Address						
6697 SE YORKTOWN DR. HOBE SOUND FL 33455		6697 SE YORKTOWN DR. HOBE SOUND FL 33455						
NOGE GOO	MD 1 2 33433	HODE SOUND PE 33	1400					
2. Principal	Place of Business	3. Mailing Address	.		The state of the same of the s		iii se ii s #=i s	**************************************
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034	(10/04)		
City & State		City & State			4. FEI Number 55-0824998	3		opplied For Not Applicab
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		8.75 Acee Requir	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New F	legistered A	ent	
BRI	EGMAN, SOCORRO 97 SE YORKTOWN DR.			P.O. Box Number is Not Acceptable	<u>-</u>			
	BE SOUND FL 33455							
!			į	City		FL	Zip Cod	ec
8. The above	e named entity submits this statement	for the purpose of changing it	ts registere	ed office or register	ed agent, or both, in the State of Flo		miliar with	, and accep
SIGNATURE	· -							
SIGNATURE	Signature, typed or printed name of registered age	(NO	TE Registered	Agent signatura required	when reinstating)	DATE		
After	FILE NOW!!! FEE IS \$150.00 r May 1, 2005 Fee Will Be \$550.0				9. Election Campa Trust Fund Con			.00 May B
Make Chec	k Payable to Florida Department	of State D DIRECTORS	111.	<u></u>		_		led to Fees
TITLE	DVS	□ Delete	TOTE		ADDITIONS/CHANGES TO OFF		Change	Additio
NAME STREET ADDRESS	BREGMAN, SOCORRO 6697 SE YORKTOWN DR.		NAME Stock	t Address				_
CITY - SF - ZIP	HOBE SOUND FL 33455			SI-7P				
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indicated of the cor changed	certify that the information supplied will on this report or supplemental report portion or the receiver of trustee em, or on an attachment with an address	th this filing does not qualify to is true and accurate and that powered to execute this report with all other like empowered , with all other like empowered	or the exent my signatu t as require i.	nption stated in Sec ure shall have the s ed by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I ame legal effect as if made under o Florida Statutes; and that my name	further certify ath; that I am appears in E	that the in an officer Block 10 or	nformation or director r Block 11 if
SIGNAT	URE: <u> </u>	VIIIII			<u> </u>			
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	OR .	Ĉale	Dayt	me Phone #	