FROM :JOHN WILLIAM NICHOLS CO FAX NO. :3052329552

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Secretary of State
05-02-2006 90158 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137309

1. Entity Name
TRANSITIONING LIFESTYLES AND CHANGES, INC.

4UU11166

Principal Place of Business	Mailing Address
451 SW 5TH AVE FT. LAUDERDALE, FL 33315 US	451 SW 5TH AVE FT. LAUDERDALE, FL 33315 US
2. Principal Place of Business: 1153 S. POWERLINE RD.	3. Mailing Address: 1153 S. POWERLINE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1214831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FELDMAN, MICHAEL
1111 KANE CONCOURSE
SUTIE 200
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent
Name: JOHN W. NICHOLS
Street Address (P.O. Box Number is Not Acceptable): 14890 SW 76 COURT
City: MIAMI FL Zip: 33158

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] 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ACKERMAN, NANCY 451 SW 5TH AVE FT. LAUDERDALE, FL 33315	☐ Delete	DPST NANCY ACKERMAN 1153 S. POWERLINE RD. POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGN & DATE

SIGNATURE: Nancy Ackerman 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime) Phone #