

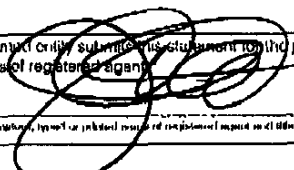
FROM : JOHN WILLIAM NICHOLS CO

FAX NO. : 3052329552

FILED
May 02, 2006 8:00 am
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.			
Principal Place of Business 451 SW 5TH AVE FT. LAUDERDALE, FL 33315 US		Mailing Address 451 SW 5TH AVE FT. LAUDERDALE, FL 33315 US	
2. Principal Place of Business 1153 J. POWERLINE RD.		3. Mailing Address 1153 J. POWERLINE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPADO BEACH, FL		City & State POMPADO BEACH, FL	
Zip 33069	County USA	Zip 33069	County USA
4. FEJ Number 65-1214831		Applied For ☐ Not Applicable	
5. Certificate of Status Expired ☐		\$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 Members Not Acceptable) 124890 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 		DATE 4/28/06	
FILE NOW!! FEE IS \$160.00 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NANCY ACKERMAN 1153 J. POWERLINE RD. POMPADO BEACH, FL 33069 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, on an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE 4/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (Type) Here #	

40011122



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STAY & NICK