


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90195 001 \*\*\*600.00

<b>DOCUMENT # P04000084036</b>		
1. Entity Name GREAT LIFE SOLUTIONS, INC.		

Principal Place of Business 61 LARIAT CIRCLE BOCA RATON, FL 33478 US	Mailing Address 61 LARIAT CIRCLE BOCA RATON, FL 33478 US
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66015173



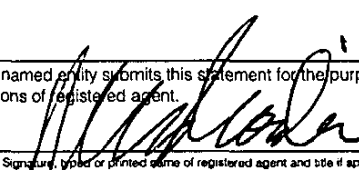
2. Principal Place of Business 951 BROKEN SOUND PKWY NW Suite, Apt. #, etc. SUITE 190 City & State BOCA RATON, FL Zip 33487 Country USA	3. Mailing Address 951 BROKEN SOUND PKWY NW Suite, Apt. #, etc. SUITE 190 City & State BOCA RATON FL Zip 33487 Country USA
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04042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1204084	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name RICHARD M PROODIAN Street Address (P.O. Box Number is Not Acceptable) 9222 BROAD ST City BOCA RATON FL Zip Code 33487	
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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: 4/11/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, MARK W 61 LARIAT CIRCLE BOCA RATON, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, LESLIE 5868 NW 120TH AVENUE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARSIN, JEFFREY M 2598 NW 53RD STREET BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 04-11-05 DAYTIME PHONE #: 561-994-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #