

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90423 008 \*\*\*150.00

<b>DOCUMENT # P04000092787</b> 1. Entity Name <b>FIT4LIFE BEAUTI &amp; SUPPLEMENTS, CORP</b>					
Principal Place of Business <b>20301 NE 30 AVE #322 AVENTURA, FL 33180</b>			Mailing Address <b>20301 NE 30TH AVE #322 AVENTURA, FL 33180</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1586381</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03152006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>GOLDMAN, ARTHUR EA 600 PARKVIEW DR STE 228 HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-issuing)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DRAPER CLIFFORD, TENA 20301 NE 30TH AVE #322 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18181 NE 31 Court #610 Aventura #1 33160</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CLIFFORD, CASEY V 20301 NE 30TH AVE #322 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18181 NE 31 Court #610 Aventura FL 33160</b>		
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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 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.					
<b>SIGNATURE</b> Date _____      Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					