2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# P04000118541

Entity Name: YOUR JOURNEY INC

Current Principal Place of Business:

9526 ARGYLE FOREST BLVD
STE B2 PMB 309
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

9526 ARGYLE FOREST BLVD
STE B2 PMB 309
JACKSONVILLE, FL 32221

New Mailing Address:

9526 ARGYLE FOREST BLVD
STE B2 PMB 309
JACKSONVILLE, FL 32244

FEI Number: 20-1515394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLACE, GARY
6034 CHESTER AVE # 105
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLIZZARD, LISA S
Address: 9526 ARGYLE FOREST BLVD STE B2 PMB 309
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLIZZARD, LISA S
Address: 9526 ARGYLE FOREST BLVD STE B2 PMB 309
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA S. BLIZZARD P 02/25/2006

Electronic Signature of Signing Officer or Director Date