



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90001 049 ***158.75

DOCUMENT # P04000118996					
1. Entity Name ACCESSORIES 4 YOUR LIFE, INC.					
Principal Place of Business 4256 MARILYN DR LAKE WORTH, FL 33461			Mailing Address 4256 MARILYN DR LAKE WORTH, FL 33461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 16-1706170				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOODMAN, REBECCA 4256 MARILYN DR LAKE WORTH, FL 33461			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, REBECCA 4256 MARILYN DR LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4265 MARILYN Drive (correction on house #)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YUNKER, RICHARD 4256 MARILYN DR LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Shannon Meloy 4700 Todd Street Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" 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
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: <i>Rebecca Goodman Pres</i>			6-1-05 561-966-8477		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40087002
P04000118996

REBECCA GOODMAN
4265 Marilyn Drive
Lake Worth, FL 33461
561-966-8477

June 1, 2005

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Accessories 4 Your Life, Inc.
FIN #: 16-1706170

To Whom It May Concern:

Enclosed are the completed 2005 Corporation Annual Report and ck #216 in the amount of \$158.75. This check amount will pay the annual fee of \$150 and the \$8.75 fee to receive a Certificate.

I wanted to notify your department that I did not receive this Annual Report form by mail from your office. I did not realize this report was due until I was informed by my daughter. Please do not charge me any late fee for not filing on a timely basis. I guarantee next year the form will be filed on time.

Thank you for your assistance in this matter.

Sincerely,



Rebecca Goodman
Accessories 4 Your Life, Inc.

Enclosures