
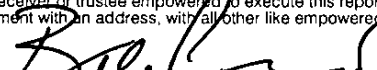


FILED
Mar 30, 2005 8:00 am
Secretary of State

66007999



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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|--|
| DOCUMENT # P04000150919 | |  | | 03-30-2005 90153 001 ***450.00 | |
| 1. Entity Name LIFESTYLE MOTIVATORS, INC. | | | | | |
| Principal Place of Business 140 N. WESTMONTE DRIVE STE 200 ALTAMONTE SPRINGS, FL 32714 | | Mailing Address 665 MAJESTIC OAK DRIVE APOPKA, FL 32712 | | | |
| 2. Principal Place of Business | | 3. Mailing Address 140 N. WESTMONTE DR. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 200 | | | |
| City & State | | City & State ALTAMONTE SPRINGS, FL | | | |
| Zip | | Country | | 4. FEI Number 20-1825280 | |
| 32714 | | USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| PHMS CORPORATION 665 MAJESTIC OAK DRIVE APOPKA, FL 32712 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PHMS CORPORATION 665 MAJESTIC OAK DRIVE APOPKA, FL 32712 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | BILL S. PERNO 3/28/05 407-774-0600 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |