

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157922

Entity Name: LIFE DIVAS INC.

FILED  
Mar 20, 2006  
Secretary of State

## Current Principal Place of Business:

4880 SYCAMORE DRIVE  
NAPLES, FL 34119

## New Principal Place of Business:

898 EGRETS RUN  
#102  
NAPLES, FL 34108

## Current Mailing Address:

4880 SYCAMORE DRIVE  
NAPLES, FL 34119

## New Mailing Address:

898 EGRETS RUN  
#102  
NAPLES, FL 34108

FEI Number: 06-1735615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLANKENSHIP, ALLISON A  
4880 SYCAMORE DRIVE  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

BLANKENSHIP, ALLISON A  
898 EGRETS RUN  
#102  
NAPLES, FL 34108 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MICHAELS, BONNIE  
Address: 4880 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete  
Name: VARLEY, PATRICIA  
Address: 4880 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete  
Name: BLANKENSHIP, ALLISON  
Address: 4880 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: MICHAELS, BONNIE  
Address: 592 BEACHWALK CIRCLE, #N202  
City-St-Zip: NAPLES, FL 34108

Title: STD (X) Change ( ) Addition  
Name: VARLEY, PATRICIA  
Address: P.O. BOX 614  
City-St-Zip: NAPLES, FL 34106

Title: PD (X) Change ( ) Addition  
Name: BLANKENSHIP, ALLISON  
Address: 898 EGRETS RUN, #102  
City-St-Zip: NAPLES, FL 34108

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: ALLISON BLANKENSHIP

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date