

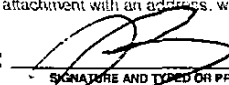


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90174 013 \*\*\*150.00

<b>DOCUMENT # P04000164766</b> 1. Entity Name LIGHTEN UP CITY CENTER, INC																											
Principal Place of Business 920 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983			Mailing Address 920 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983																								
2. Principal Place of Business 1973 SW SAVAGE BLVD Suite, Apt. #, etc. 111 City & State PORT ST. LUCIE, FL Zip 34982		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 20-1980560				Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082005 Chg-P CR2E034 (10/03)																							
6. Name and Address of Current Registered Agent ASENCIO, BEVERLY 920 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983			7. Name and Address of New Registered Agent 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)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>BEVERLY ASENCIO</td> <td>920 SW BAYSHORE BLVD</td> <td>PT. ST. LUCIE, FL 34983</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		BEVERLY ASENCIO	920 SW BAYSHORE BLVD	PT. ST. LUCIE, FL 34983	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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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:  BEVERLY T. ASENCIO PRESIDENT				Date: 4-25-05 Daytime Phone #: 771-3361061																							