


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 046 ***158.75

DOCUMENT # P05000030777 1. Entity Name BUILDING SUCCESSFUL LIVES INC.			
2. Principal Place of Business 10700 CARIBBEAN BLVD. MIAMI, FL 33189		Mailing Address 10700 CARIBBEAN BLVD. MIAMI, FL 33189	
2. Principal Place of Business 108 N Magnolia Ave Suite 215 Ocala FL		3. Mailing Address P.O. Box 34477 Ocala FL Florida	
City & State Ocala FL		City & State Florida	
Zip 34475		Zip 34477	
Country USA		Country USA	
6. Name and Address of Current Registered Agent ANDERSON, JACQUELINE A PHD 11721 SW 122ND AVENUE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Jacqueline A. Anderson PhD Street Address (P.O. Box Number is Not Acceptable) 5040 SW 63rd Loop City Ocala FL Zip Code 34474	
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 Jacqueline A. Anderson PhD (same) DATE 08/23/2006 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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, D ANDERSON, JACQUELINE A PHD 11721 SW 122ND AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D ANDERSON, TAMARA N 11721 SW 122ND AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D ANDERSON, CLEVELAND C 11721 SW 122ND AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, CLEVELAND C 11721 SW 122ND AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	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 exemptions contained 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 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: Jacqueline A. Anderson PhD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		P.D. 08/23/2006 <small>Date Daytime Phone #</small>	

50026455



08212006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2457078** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**