

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90201 008 ***150.00

DOCUMENT # P05000145654					
1. Entity Name TRULI LULI, INC.					
Principal Place of Business 130 N.W. SPANISH RIVER BLVD. EXT. BOCA RATON FL 33431 US			Mailing Address 1834 OAK BERRY CIRCLE WELLINGTON FL 33414 US		
2. Principal Place of Business 1000 Clint Moore Rd Suite, Apt. #, etc. #106		3. Mailing Address 6675 NW 25 terrace Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 20-4877596	
Zip 33487		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, LOURDES 130 NW SPANISH RIVER BLVD. EXT. BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 Clint Moore Rd #106 City Boca Raton FL Zip Code 33487		
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 <i>(Signature)</i> (Lourdes Fernandez) DATE 6/10/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$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 FERNANDEZ, LOURDES 130 NW SPANISH RIVER BLVD. EXT. BOCA RATON FL 33431		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1000 Clint Moore Rd #106 Boca Raton, FL 33487	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>(Signature)</i>			4/21/06 (305) 342-7343		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		