

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018268

FILED
Apr 30, 2010
Secretary of State

Entity Name: THE BEST LIFE FOREVER INC.

Current Principal Place of Business:

1116 SUNRISE BLVD
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1116 SUNRISE BLVD
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 20-8430773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROER, DEBA
1116 SUNRISE BLVD
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHROER, DEBRA
Address: 1116 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950 US

Title: TRES
Name: SCHROER, DEBRA
Address: 1116 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950 US

Title: SECT
Name: SCHROER, DEBRA
Address: 1116 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950 US

Title: DIR
Name: SCHROER, DEBRA
Address: 1116 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby 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 all other like empowered.

SIGNATURE: DEBRA SCHROER

PRES

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date