

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018268

FILED  
Apr 22, 2011  
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

**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

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date