


2006 Annual Report
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000016380	
1. Entity Name Living Well Publications, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5103 SAN Juan Ave		3. Mailing Address PO Box 24155	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210	Country Duval	Zip 32241	Country Duval

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 TALLAHASSEE, FLORIDA

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JAN 10 2006
 T. Roberts

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3168618
	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent Name Trudy Pascucci Street Address (P.O. Box Number is Not Acceptable) 5103 SAN Juan Ave City Jacksonville FL Zip Code 32210

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 **Trudy Pascucci** DATE **Nov. 12, 2005**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	President		
	Trudy Pascucci		
	5103 SAN Juan Ave		
	JACKSONVILLE, FL. 32210		
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Trudy Pascucci** 11/12/05 (904) 631-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)