2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-11-2005 90058 024 ***150.00

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1. Entity Name
SAMSON LIFEWORKS, INC.

66004451

02052005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1135 PASEDNA AVS S STE 304 SAINT PETERSBURG, FL 33707 US	1135 PASEDNA AVS S STE 304 SAINT PETERSBURG, FL 33707 US

2. Principal Place of Business	3. Mailing Address
1135 PASADENA AVE. SO.	1135 PASADENA AVE.SO.
Suite, Apt. #, etc. STE. 304	Suite, Apt. #, etc. STE. 304
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip: 33707 Country:	Zip: 33707 Country:

4. FEI Number 59-3449523 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUX, ROBERT M 1135 PASEDENA AVE S STE 304 SAINT PETERSBURG, FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) 1135 PASADENA AVE. SO., STE. 304 ST. PETERSBURG FL 33707 City ST. PETERSBURG FL 33707 FL Zip Code 33707

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD GUTERMAN, BARBARA SAMSON 1135 PASENDA AVE S STE 304 SAINT PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	PD GUTERMAN, BARBARA SAMSON 1135 PASADENA AVE. SO. STE. 304 ST. PETERSBURG FL 33707	XX 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
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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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Samson - Guterman Pres 3-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #