

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 022 \*\*\*150.00

<b>DOCUMENT # P97000023806</b>	
1. Entity Name <b>SAMSON LIFEWORKS, INC.</b>	



4000J400



04262006 Chg-P CR2E034 (11/05)

Principal Place of Business <b>1135 PASEDNA AVS S STE 304 SAINT PETERSBURG, FL 33707 US</b>		Mailing Address <b>1135 PASEDNA AVS S STE 304 SAINT PETERSBURG, FL 33707 US</b>	
2. Principal Place of Business <b>1135 PASADENA AVE. SO.</b>		3. Mailing Address <b>1135 PASADENA AVE. SO.</b>	
Suite, Apt. #, etc. <b>STE. 304</b>		Suite, Apt. #, etc. <b>STE. 304</b>	
City & State <b>ST. PETERSBURG FL</b>		City & State <b>ST. PETERSBURG FL</b>	
Zip <b>33707</b>	Country	Zip <b>33707</b>	Country

4. FEI Number <b>59-3449523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LUX, ROBERT M 1135 PASEDNA AVE S STE 304 SAINT PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 PASEDNA AVE S STE 304 SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Barbara Samson Guterman* **4/26/06 722-341-1516**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #