


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90001 035 \*\*\*150.00

<b>DOCUMENT # P97000065205</b>			
1. Entity Name <b>YOUR LIFE PUBLISHING CORPORATION</b>			
Principal Place of Business <b>215 S OLIVE AVENUE #200 WEST PALM BEACH FL 33401 US</b>		Mailing Address <b>C/O MCGRATH &amp; MEYERS PA 5725 CORPORATE WAY #101 WEST PALM BEACH FL 33407 US</b>	
2. Principal Place of Business <b>700 South Olive Avenue</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b>		City & State	
Zip <b>33401</b>	Country	Zip	Country
4. FEI Number <b>65-0768795</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>ARNOLD, ROBERT J 215 S OLIVE AVENUE #200 WEST PALM BEACH FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Gail C. Meyers</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O McGrath &amp; Meyers PA</b> <b>5725 Corporate Way #101</b> City <b>West Palm Beach</b> <b>FL</b> Zip <b>33407</b>	
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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

*Gail C. Meyers*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, ROBERT J 215 S OLIVE AVE #200 WEST PALM BEACH FL 33401 <input checked="" 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	PD HALMOS, PETER 215 S OLIVE AVE #200 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700 S. Olive Avenue West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAMMELL, NIKKI 215 S OLIVE AVE #200 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700 S. Olive Avenue West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYERS, GAIL 5725 CORP WAY #101 WEST PALM BEACH FL 33407 <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	D HOOPES, JOSEPH C JR 19 W 44TH ST NEW YORK NY 10036 <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	D SIEGFRIED, ROBERT KEKST & CO-437 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gail C. Meyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2/1/04*

Daytime Phone #

*561-684-6604*

*Attachment*  
# *P97000065205*  
YOUR LIFE PUBLISHING CORPORATION  
OFFICERS AND DIRECTORS *4/01/2366*

ATTACHMENT TO 2004 CORPORATE ANNUAL

DIRECTORS:

Director  
Michael Kirkpatrick  
101 Churchill Road  
West Palm Beach, FL 33405

Director  
Claude H. "Butch" Trucks  
171 Dunbar Road  
Palm Beach, FL. 33480

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