

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065205

FILED
May 01, 2008
Secretary of State

Entity Name: YOUR LIFE PUBLISHING CORPORATION

Current Principal Place of Business:

700 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O MCGRATH & MEYERS PA
5725 CORPORATE WAY #101
WEST PALM BEACH, FL 33407 US

New Mailing Address:

C/O MEYERS & ASSOCIATE, CPA
5725 CORPORATE WAY #101
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0768795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, GAIL C
C/O MCGRATH & MEYERS PA
5725 CORPORATE WAY # 101
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MEYERS, GAIL C
C/O MEYERS & ASSOCIATE, CPA
5725 CORPORATE WAY # 101
WEST PALM BEACH, FL 33407 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALMOS, PETER
Address: 700 S OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: TRAMMELL, NIKKI
Address: 700 S OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TSD () Delete
Name: MEYERS, GAIL
Address: 5725 CORP WY, # 101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: HOOPES, JOSEPH C JR
Address: 19 W 44TH ST
City-St-Zip: NEW YORK, NY 10036

Title: D () Delete
Name: SIEGFRIED, ROBERT
Address: KEKST & CO-437 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAIL C. MEYERS

TREA

05/01/2008

Electronic Signature of Signing Officer or Director

Date