

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065205

FILED  
Apr 08, 2009  
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 MEYERS & ASSOCIATE, CPA  
5725 CORPORATE WAY #101  
WEST PALM BEACH, FL 33407 US

## New Mailing Address:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

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

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04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date