


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90225 010 ***150.00

DOCUMENT # P97000069915																													
1. Entity Name TAKE CHARGE LIFESTYLE MANAGEMENT, INC.																													
Principal Place of Business 11306 CARROLLWOOD DRIVE TAMPA, FL 33618			Mailing Address 11306 CARROLLWOOD DR. TAMPA, FL 33618																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-3462893																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ZEGOTA, DOTTIE 11306 CARROLLWOOD DRIVE TAMPA, FL 33618			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Dorothy A. Groover</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">11306 Carrollwood Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="4">Tampa</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="5">33618</td> </tr> </table>			Name	Dorothy A. Groover					Street Address (P.O. Box Number is Not Acceptable)	11306 Carrollwood Drive					City	Tampa				FL	Zip Code	33618				
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Zip Code	33618																												
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. <table style="width:100%;"> <tr> <td style="width:33%;">SIGNATURE <u>Dorothy A. Groover</u></td> <td style="width:33%;">SIGNATURE <u>Dorothy A. Groover</u></td> <td style="width:34%;">DATE <u>3/14/06</u></td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small;">DATE</td> </tr> </table>						SIGNATURE <u>Dorothy A. Groover</u>	SIGNATURE <u>Dorothy A. Groover</u>	DATE <u>3/14/06</u>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE																		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
TITLE	D		TITLE	D and P																									
NAME	ZEGOTA, DOTTIE		NAME	Groover, Dorothy A																									
STREET ADDRESS	11306 CARROLWOOD DRIVE		STREET ADDRESS	11306 Carrollwood Drive																									
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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: <u>Dorothy A. Groover</u> <u>Dorothy A Groover</u> <u>3/14/06</u> <u>932-9019</u>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													