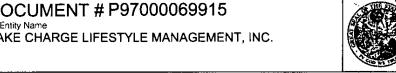
## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P97000069915** 1. Entity Name TAKE CHARGE LIFESTYLE MANAGEMENT, INC.

**FILED** Apr 30, 2008 08:00 AM Secretary of State



Principal Place of Business

Mailing Address

11306 CARROLLWOOD DRIVE TAMPA, FL 33618

11306 CARROLLWOOD DR. TAMPA, FL 33618



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6. Name and Address of Current Registered Agent

04242008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3462893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

GROOVER, DOROTHY A 11306 CARROLLWOOD DR TAMPA, FL 33618

SIGNATURE: \_S

## DO NOT WRITE IN THIS SPACE

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	d Agent signature re	Quired when reinstating)		DATE	<u>.</u>				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS		#17 14 AS	ninningt :	934852:5:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROOVER, DOROTHY A 11306 CARROLLWOOD DR TAMPA, FL 33618				05/23/08-	80049-00	7 150 . 00				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE					
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NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
indicated of the co	certify that the information supplied with this f d on this report or supplemental report is true reporation or the receiver or trustee empowere , or on an attachment with an address, with a	and accurate and that my signa: d to execute this report as requi	ture shall have	e the same legal effe	ct as it made under i	oatn; that i am ar	i officer or director				