

FILED.

May 02, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P98000056801**

1. Entry Name

LIFESHAPES BOUTIQUE, INC.



Principal Place of Business

518 LAKEWOOD DR. NORTH
BRANDON, FL 33510

Mailing Address

518 LAKEWOOD DR. NORTH
BRANDON, FL 33510**DO NOT WRITE IN THIS SPACE**

04222005

No Chg-P

CP2E034 (10/03)

4. PEI Number

59-3518159

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DICKEY, DAVID D
101 E. KENNEDY BLVD., SUITE 3400
TAMPA, FL 33602**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when releasing.

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DICKEY, FELICIA N
518 LAKEWOOD DR
BRANDON, FL 33510TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP000000357826
05/04/05-80090-008 158.75**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

4-2905