

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087373

Entity Name: LIFESKILLS PLUS INC.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1370 SARNO RD
#C
MELBOURNE, FL 329355230

Current Mailing Address:

1043 TORTOISE COVE
MELBOURNE, FL 329355257

New Principal Place of Business:

1370 SARNO RD
#C
MELBOURNE, FL 329355230 US

New Mailing Address:

1370 SARNO RD
#C
MELBOURNE, FL 329355230 US

FEI Number: 59-3535978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECKER, MYRTLE F
1370 SARNO RD
#C
MELBOURNE, FL 329355230 US

Name and Address of New Registered Agent:

DECKER, MYRTLE F
1043 TORTOISE COVE
MELBOURNE, FL 329355257 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: MYRTLE F. DECKER

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DECKER, MYRTLE F
Address: 1370 SARNO RD #C
City-St-Zip: MELBOURNE, FL 329355230

Title: D () Delete
Name: FAUCKNER, AMY
Address: 1370 SARNO RD #C
City-St-Zip: MELBOURNE, FL 329355230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DECKER, MYRTLE F
Address: 1370 SARNO RD #C
City-St-Zip: MELBOURNE, FL 329355230 US

Title: D (X) Change () Addition
Name: FAULKNER, AMY
Address: 1370 SARNO RD #C
City-St-Zip: MELBOURNE, FL 329355230 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MYRTLE F. DECKER

DP

04/11/2005

Electronic Signature of Signing Officer or Director

Date