


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000031259

1. Entity Name
PRODUCTS FOR BETTER LIVING, INC.



Principal Place of Business 2851 SOUTH OCEAN BLVD. SUITE 2N BOCA RATON, FL 33432	Mailing Address 2851 SOUTH OCEAN BLVD. SUITE 2N BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0938141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, WILLIAM F
 4770 BISCAYNE BLVD., STE. 960
 MIAMI, FL 33137**

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP CAMPANA, ALFRED A 2851 SOUTH OCEAN BLVD. SUITE 2N BOCA RATON, FL 33432
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALFRED A CAMPANA Date: 4-22-05 Daytime Phone #: 561 378-3891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR