## **2004 FOR PROFIT CORPORATION**

## Apr 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P99000054972** LIVING RIGHT, INC. Principal Place of Business Mailing Address 3660 NW 126TH AVE 3660 NW 126TH AVE BAY 6 & 7 BAY 6 & 7 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0926251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WENDY FORMAN DO NOT WRITE 7525 NW 61 TERRACE # 2903 PARKLAND, FL 33067 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000108442 OFFICERS AND DIRECTORS 10. HILE NAME FORMAN, WENDY STREET ADDRESS 7525 NW 61 TERR #2903 CITY-ST-ZIP PARKLAND, FL 33067 HILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP me NAME

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 , with all other like empowered. changed, or on an attachment with an address

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-71P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**