


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000083215
1. Entity Name
LIFESTYLES OF LYNNE, INC.



Principal Place of Business 284 ESPLANADE #52B BOCA RATON, FL 33432	Mailing Address 284 ESPLANADE #52B BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3515626	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

KRASNA, GARY M
3010 N MILITARY TRAIL
STE 210
BOCA RATON, FL 33431

**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 _____ (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD REISS, LYNNE 284 ESPLANADE #528 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/28/05-80068-013 150.00

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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]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/24/05* _____ Daytime Phone #: *5613470933*