

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153281

Entity Name: AKAM LIVING SERVICES, INC.

FILED  
Feb 13, 2006  
Secretary of State

**Current Principal Place of Business:**

6421 CONGRESS AVENUE  
SUITE 110  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6421 CONGRESS AVENUE  
SUITE 110  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 20-1943070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAMINOFF, LESLIE  
6421 CONGRESS AVENUE  
SUITE 110  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KAMINOFF, LESLIE  
Address: 6421 CONGRESS AVENUE STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: SD ( ) Delete  
Name: BERENSON, MICHAEL  
Address: 6421 CONGRESS AVENUE STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: NEEDLEMAN, STEPHEN L  
Address: 6421 CONGRESS AVENUE STE 110  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LESLIE KAMINOFF

PD

02/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date