2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273928

Address:

City-St-Zip:

318 WOODSTREAM WAY

SPRING HILL, FL 34608

Entity Name: LIFESTYLE CARPETS INC

FILED Feb 24, 2009 Secretary of State

Littly Na	ille. LIFESTIL	LE CARPETS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	JAMIN CENTE L 336345237	R DR			
Current Mailing Address:			New Mailing Address:		
	JAMIN CENTE L 336345237	R DR			
FEI Number: 59-1031980 FEI Number Applied For ()		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
101 EAST SUITE 280	REGORYRE KENNEDYBL 00 L 33602 US				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () CHRISTY, PEG 3208 PARKLAN TAMPA, FL 330	D BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BRANT, JEANN 3807 S. CHURC TAMPA, FL 330	CH AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BRANTLEY, DA 3148 BRIDGEF ORLANDO, FL	ORD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PS () MURRAY, TIMN 1113 MOOK ST BRANDON, FL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	CFO () ULM, CATHY D	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address: City-St-Zip:

SIGNATURE: CATHY D. ULM CFO 02/24/2009