2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM **DOCUMENT # 626674** Secretary of State 1. Entity Name LIVE ROYALLY, INC. Principal Place of Business Mailing Address 515 JASMINE LANE 515 JASMINE LANE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEY, JACK L 515 JASMINE LANE Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33442** City Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May P 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THEF ☐ Delete HILE ☐ Change Addiin JOSEY, JACK L. NAME NAME STREET ADDRESS 515 JASMINE LANE STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH FL 33442 CUTY-ST-7IP HILF ☐ Delete MILE ☐ Change 🔲 Additio NAME NAME U00000190054 GURELI ADDRESS STREET ADDRESS 01/24/05-80121-001 150.00 CITY-ST-/IP CITY-Si- AP HILL ☐ Delete TITLE ☐ Change Addition NAME NAM: STREET ADDRESS STREET ADDRESS CITY ST-ZIP City SI-ZIP THEF HILE ☐ Delete ☐ Change Acidilia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP HILE Delete TITLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST ZIE CITY-ST-ZIP HE Addite TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP

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 direct of the corporation or the receiver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GONATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OF DIRECTOR

1/20/05 954 875-838

FILED