2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006898

Entity Name: LIFESTREAM MARKETING, INC.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4929 WEST ROYAL LANE 4929 WEST ROYAL LANE SECOND FLOOR SUITE 200

IRVING, TX 75063 IRVING, TX 75063

Current Mailing Address: New Mailing Address:

4929 WEST ROYAL LANE 4929 WEST ROYAL LANE

SECOND FLOOR SUITE 200 IRVING, TX 75063 IRVING, TX 75063

FEI Number: 30-0230234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

OWENS, MICHAEL OWENS, JR., MICHAEL K Name: Name: Address: Address:

4929 WEST ROYAL LANE 4929 WEST ROYAL LANE, SUITE 200

City-St-Zip: IRVING, TX 75063 City-St-Zip: IRVING, TX 75063

Title: Title: () Delete (X) Change () Addition

Name: NAUERT, PETER Name: STUART, IAN R

4929 WEST ROYAL LANE 4929 WEST ROYAL LANE, SUITE 200 Address: Address:

IRVING, TX 75063 IRVING, TX 75063 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TRFA () Delete FISCHER, CARL DANKO, JOSEPH M Name: Name:

4929 WEST ROYAL LANE 4929 WEST ROYAL LANE, SUITE 200 Address: Address:

City-St-Zip: IRVING, TX 75063 City-St-Zip: IRVING, TX 75063

Title: () Delete Title: AS () Change (X) Addition Name:

ROBB, KAREN L Name:

Address: Address: 4929 WEST ROYAL LANE, SUITE 200

City-St-Zip: City-St-Zip: IRVING, TX 75063

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.

SIGNATURE: KAREN L. ROBB AS 03/27/2008