2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G38820

Entity Name: THE LIVING ROOM, INCORPORATED

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
C/O LEON MARON 10830 SAN JOSE BLVD. JACKSONVILLE, FL 322236613				C/O JEANNE MARON 10830 SAN JOSE BLVD. JACKSONVILLE, FL 322236613		
Current Mailing Address:				New Mailing Address:		
	I MARON N JOSE BLVD. IVILLE, FL 322	236613	10830 SA	C/O JEANNE MARON 10830 SAN JOSE BLVD. JACKSONVILLE, FL 322236613		
FEI Number:	: 59-2293410	FEI Number Applied For ()	FEI Number Not Ap	plicable () Cer	tificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name an	Name and Address of New Registered Agent:		
	.EON N JOSE BLVD. IVILLE, FL 322	17 US		JEANNE .N JOSE BLVD. NVILLE, FL 32217	US	
	named entity s e of Florida.	submits this statement for the po	urpose of changing	its registered office	or registered agent, or both,	
SIGNATURE: JEANNE MARON				01/11/2006		
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () MARON, JEANN 1500 SHAKER JACKSONVILLE	COVE CT	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Title: Name: Address: City-St-Zip:	MARON, GLEN 1971 LINA CT	Delete N HARVEY, BACH, FL 32034	Title: Name: Address: City-St-Zip:	() Chai	nge () Addition	
Title: Name: Address: City-St-Zip:	DV () MARON, DAVID 1252 CREEK B JACKSONVILLE	END RD	Title: Name: Address: City-St-Zip:	. ,	nge () Addition	
Title: Name: Address: City-St-Zip:	D () MARON, BERN 11173 BRACH JACKSONVILLE	BLVD	Title: Name: Address: City-St-Zip:	. ,	nge () Addition	
Title: Name: Address:	D () MARON, LEON 613 IRENE COI		Title: Name: Address:	D (X) Cha MARON, ANITA, 613 IRENE COURT	nge()Addition	

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.

City-St-Zip: JACKSONVILLE, FL 32259

SIGNATURE: JEANNE V MARON PD 01/11/2006

City-St-Zip: JACKSONVILLE, FL 32259