2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 4

FILED Feb 26, 2007 08:00 A Secretary of State DOCUMENT # J66820 1. Enlity Namo LIVING LEAVES, INC. Principal Place of Business Mailing Address 244 SHOPPING AVE 223 SUNTAN AVE SARASOTA FL 34237 SARASOTA FL 34237-7125 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0033745 Not Applicable 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 PENDER, MICHAEL R JR Street Address (P.O. Box Number is Not Acceptable) 2381 FRUITVILLE RD SARASOTA FL 34237 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, (NOTE: Registered Agent signifiere required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. Addition um Delete THE Change U00000648230 DUQUESNAY, CARLOYN L NAMI NAMI: 03/07/07-80001-002 150.00 6921 STETSON ST. CIR. STILLET ADDRESS STREET ADDRESS SARASOTA FL 34243 CRY-SI-7IP CHY-SI-7IP П Delete HH ☐ Change ☐ Addition HILL BURMESTER, SUSAN M NAMI NAME **223 SUN TAN** STREET ADORESS STREET ADDRESS SARASOTA FL CHY-SI-7P CHY-ST-7IP ☐ Delete THILE ☐ Change ☐ Addition 11111 NAMI NAMI STRILET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-7IP ☐ Delete TITLE ☐ Change (C) Addition THE NAMI NAME STREET ADORESS STREET ADDRESS CHY-ST-7IP City-SI-7IP ☐ Defete ☐ Change Addition 11111 1000 NAM/ NAMI STREET ADDRESS STREET ADORESS CHY-S1-7/P CHY-SI-7/P ☐ Delete ШП ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - S1 - 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

2-18-2007 941-951-1854 Date Dayline Phone #