

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K82653

Entity Name: CASUAL LIVING U.S.A., INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

5401 HANGAR CT.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5401 HANGAR CT.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-2948796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, E. JACKSON
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FRANZBLAU, ROBERT M.,
Address: 5401 HANGAR COURT
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: HILL, FRANK H,
Address: 5401 HANGAR CT
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: FRANZBLAU, JO Z,
Address: 5401 HANGAR CT
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: FRANZBLAU, CARLO
Address: 5401 HANGAR CT
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: FRANZBLAU, ALIX
Address: 5401 HANGAR CT
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT M. FRANZBLAU

PD

02/07/2008

Electronic Signature of Signing Officer or Director

Date