

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85730

FILED
Apr 15, 2009
Secretary of State

Entity Name: CERAMIC LIFE-STYLE, INC.

Current Principal Place of Business:

11125 PARK BLV
104-188
SEMINOLE, FL 33772 US

New Principal Place of Business:

9115 RIDGE ROAD
SEMINOLE, FL 33772 US

Current Mailing Address:

11125 PARK BLV
104-188
SEMINOLE, FL 33772 US

New Mailing Address:

9115 RIDGE ROAD
SEMINOLE, FL 33772 US

FEI Number: 62-0014328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELSEN, LARRY
11125 PARK BLV
104-188
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

MICHELSEN, LARRY
9115 RIDGE ROAD
SEMINOLE, FL 33772 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHELSEN, LARRY J
Address: 11125 PARK BLV SUITE 104-188
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: MICHELSEN, SHEILA M
Address: 11125 PARK BLV SUITE 104-188
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICHELSEN, LARRY J
Address: 9115 RIDGE ROAD
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Change () Addition
Name: MICHELSEN, SHEILA M
Address: 9115 RIDGE ROAD
City-St-Zip: SEMINOLE, FL 33772

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: LARRY MICHELSEN

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date