

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68905

FILED
Jan 05, 2006
Secretary of State

Entity Name: LIFETIME ENCLOSURES, INC.

Current Principal Place of Business:

5521 CHRONICLE CT.
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

5521 CHRONICLE CT.
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3006050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE, FL 32207 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: P () Delete
Name: BRIAR, JEFFREY A.,
Address: 739 SPRING HAVEN DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: BRIAR, JAMES P.,
Address: 777 HAZELMOOR LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRIAR, JAMES P.,
Address: 1428 GREYFIELD DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

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.

SIGNATURE: JEFFREY A. BRIAR

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date