2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90041 030 ***150.00

| 1. Entity Name | MENT # L95388 ELEGE LIVING EXPERIENT | CE, INC. | | | 05-01-2007 | 90041 030 | ***150. | .00 | |
|--|---|---|--|---|----------------------|-------------------|--------------------------------|--|--|
| Principal Place | e of Business | Mailing Address | | —— di | nn a - | | | | |
| 6555 NOVA I | DRIVE | 1321 MURFREESBORO I | PIKE | | • | | | | |
| SUITE 300 | | SUITE 702 | | | | | | | |
| DAVIE, FL 33 | 3317 US | NASHVILLE, TN 37217 | US | | | | | 46 1 1001 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 04292007 | Chg-P | CR2E034 | 1 (12/06) | | |
| City & State | е | City & State | | 4. FEI Numbe | | <u> </u> | | plied For | |
| Zip | Country | Zip | Country | 65-0216 | | _ \$ | 8.75 Addi | t Applicable | |
| | | | | 5. Certificate of | of Status Desired | | e Required | | |
| | 6. Name and Address of Curren | it Registered Agent | None | 7. Name and | Address of New | Registered Ag | ent | | |
| SPALTER, PAMELA S ESQ. | | | Name | Name | | | | | |
| 6555 NOV | A DRIVE | | Street Add | dress (P.O. Box Numbe | r is Not Acceptat | ole) | | | |
| SUITE 300 DAVIE, FL | | | - | | · | | | | |
| DAVIC, FL | . 33311 | | City | | | | Zip Code | | |
| | | | | | | FL | <u> </u> | | |
| | named entity submits this statement i tions of registered agent. | for the purpose of changing its r | egistered office or re | registered agent, or both | n, in the State of F | Florida. I am fai | miliar with, a | and accept | |
| | | | | | | | | | |
| _ | • | | | | | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | Registered Agent signature | e required when feinstating) | | DATE | | | |
| SIGNATURE_ | Signature, typed or printed name of registered ager E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550 | 9. Election Campaig | gn Financing | \$5.00 May Be Added to Fees | | DATE | | | |
| SIGNATURE_ | E NOW!!! FEE IS \$150.00 | 9. Election Campaig Trust Fund Contri | gn Financing | \$5.00 May Be Added to Fees | CHANGES TO OF | | DIRECTORS | S IN 11 | |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 615-361-4000 4-30-07 SIGNATURE: 🔬