

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M30606

1. Entity Name
LIVING THINGS, INC.



Principal Place of Business
**C/O MILTON SCHERMER
456 - 41ST ST.
MIAMI BEACH, FL 33140**

Mailing Address
**C/O MILTON SCHERMER
456 - 41ST ST.
MIAMI BEACH, FL 33140**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2674725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHERMER, MILTON
456 - 41ST ST.
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000868336
04/09/08-80005-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHERMER, MILTON
STREET ADDRESS	456 - 41ST ST.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	D
NAME	SCHERMER, SUSAN
STREET ADDRESS	456 - 41ST ST.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	D
NAME	SCHERMER, RICHARD
STREET ADDRESS	456 - 41ST ST.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-08 305 673-2894