## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007942

Entity Name: LIVING SOUND, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	AVENUE NOR' ERSBURG, FL							
Current Mailing Address:				New Mailing Address:				
6822 22ND AVENUE NORTH 202				5717 15TH AVENUE NORTH SAINT PETERSBURG. FL 33710				
SAINT PETERSBURG, FL 33710				O'MINT ETEROBORO, TE 337 TO				
FEI Number: 51-0472558		FEI Number Applied For ( )	Applied For ( ) FEI Number Not Applicable (		icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
SPIEGEL & 1840 SW 22 MIAMI, FL 3	UTRERA, P.A. 2ND STREET, 4 33145 US	4TH FLOOR						
The above in the State		bmits this statement for the pu	rpose of	changing it	ts registered o	office or registere	ed agent, or both,	
SIGNATUR	E:							
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () Delete ALLEN, DIANNE A 5717 15TH AVENUE NORTH SAINT PETERSBURG, FL 33710			Title: Name: Address: City-St-Zip:	( )	) Change()Additio	on	
Title: Name: Address: City-St-Zip:	S () D MARSHALL, LISA 5025 54TH WAY SAINT PETERSBU	NORTH		Title: Name: Address: City-St-Zip:	MARSHALL, LIS 5025 54TH WA		on	
Title: Name: Address: City-St-Zip:	T () D KELSO, TRACY 4041 24TH AVEN SAINT PETERSBU			Title: Name: Address: City-St-Zip:	( )	) Change()Additio	on	
Title: Name: Address: City-St-Zip:	V (X) D BLAIR, ANDERSO 4341 AUSTON W PALM HARBOR, F	AY		Title: Name: Address: City-St-Zip:	( )	) Change ()Additio	on	
Title: Name: Address: City-St-Zip:	D (X) D MANNIX, RAYMO 2437 10TH AVENI LARGO, FL 3377	UE SW		Title: Name: Address: City-St-Zip:	( )	) Change ()Additio	on	
Title: Name: Address: City-St-Zip:	D (X) D CUMMINGS, DOU 1600 BEACH DR ST.PETERSBURG	NE		Title: Name: Address: City-St-Zip:	( )	) Change()Additio	on	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE ALLEN P 04/30/2009