

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000705

FILED
Feb 12, 2009
Secretary of State

Entity Name: LOUISIANA LIFESTYLES PRODUCTIONS, INC.

Current Principal Place of Business:

11616 BOKI LANE
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 447
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 59-3293922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVESTER, BENNY
11616 BOKI LANE
THONOTOSASSA, FL 33592 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYLVESTER, EDWINA
Address: P O BOX 447
City-St-Zip: THONOTOSASSA, FL 33592

Title: TD () Delete
Name: DECOU, JERRY
Address: 137 ALLENS RIDGE DR. E.
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: SYLVESTER, BENNY
Address: P O BOX 447
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: HILDEBRAND, PEGGY
Address: 10921 ANNETTE AVE
City-St-Zip: TAMPA, FL 33612

Title: DS () Delete
Name: CRESWELL, BECKY
Address: 2609 GULF CITY ROAD
City-St-Zip: RUSKIN, FL 33570

Title: TD () Delete
Name: CLODFELTER, RICHARD
Address: 1142 WOOD BROOK DR.
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: BENNY SYLVESTER

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date