2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P00000089561

Entity Name: FLORIDA LIVING TRUSTS, INC.

Current Principal Place of Business:

6529 STADIUM DR.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

6529 STADIUM DR.
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 59-3685018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFER, SHEILA K
6529 STADIUM DR.
ZEPHYRHILLS, FL 33542 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: PSTD ( ) Delete
Name: HOFFER, SHEILA K
Address: 36741 LAUREL OAKS LN
City-St-Zip: DADE CITY, FL 33525

Title: V ( ) Delete
Name: HUNTER, BRANDIE K
Address: 35437 RUFFING RD.
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HUNTER, BRANDIE K
Address: 35437 RUFFING RD.
City-St-Zip: DADE CITY, FL 33523

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

SIGNATURE: SHEILA K. HOFFER PRES 03/10/2009

Electronic Signature of Signing Officer or Director — Date