2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 08:00 AM Secretary of State DOCUMENT # P01000021556 1. Entity Name LIFETIME FINANCIAL GROUP INC. Principal Place of Business Mailing Address 3540 COCOPLUM CIR COCONUT CREEK FL 33063 3540 COCOPLUM CIR COCONUT CREEK FL 33063 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 65-1086258 Not Applicat ZiO Country $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLOAN, GARY E 3540 COCOPLUM CIR Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33063 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fife it applicable (NOTE Registered Agent signature requised when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILLE ☐ Delete TITLE ☐ Change NAME SLOAN, GARY E NAME STREET ADDRESS 3540 COCOPLUM CIR STREET ADDRESS CKTY-ST-ZIP COCONUT CREEK FL 33063 CITY-ST-ZIP ME Delete THE ☐ Change Add/iion MARKET HAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THE Detete TITLE Change 🔲 Addiliou U00000559615 05/18/06-20003-024 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CUTY - ST- 78P HILE Defete 1/71.6 ☐ Change Addition NAME ነነብነለ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP THUE ☐ Defete 3/11/2 ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY - ST - 71P HILE ☐ Delete UKE ☐ Change Addition 🗌 NAME NAME STREET ADDRESS STREET ADDRESS CD1-S1-20P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 118, 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.

GARY E. SLOAN

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED