2005 FOR PROFIT CORPORATION

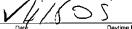
FILED Apr 22, 2005 8:00 am Secretary of State

	ANNUAL REPORT					Secretary of State				
DOCUMENT # P01000101057 1. Entity Name 50'S, 60'S, 70'S LIVING, INC.					04-22-2005 90286 043 ***150.00					
50 5, 60 3	s, 703 LIVING, INC.									
Principal Place of Business Mailing Address					20042058					
2205 WILTON DRIVE 2205 WILTON DRIVE WILTON MANORS, FL 33305-2131 WILTON MANORS, FL 33305-2										
2. Principal Place of Business 3. Mailing Address 3207 Wilton Orive 3207 Wilton			Dove							
Suite, Apt. #, etc. Suite, Apt. #, etc.					04142005	Chg-P	CR2E03	4 (10/03)		
Willow	n Manors, FL	Gity & State Wilton Man	Wilton Manors, FL		4. FEI Number Applied F 65-1148513 Not Appli				olied For Applicable	
33 30 5	Country	333805-2131	Country U.S		5. Certificate	of Status Desired		8.75 Addi ee Requ <u>ire</u> d		
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New I	Registered A	gent		
GOLDERG, PAUL J 3020 NE 16TH AVE				Street Address (P.O. Box Number is Not Acceptable)						
304E OAKLAND PARK, FL 33334										
-			City				FL	Zip Code	1	
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 pegistered agent.										
SIGNATURE / Primes										
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib		\$5.0 Added	0 May Be I to Fees					
10.	- OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	GOLDBERG, PAUL J 2205 WILTON DRIVE		NAME STREET ADDRESS							
CITY-ST-ZIP	WILTON MANORS, FL 333052	131	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
NAME		Defete _	NAME	-				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE					Change	Addition	
NAME		C Deserte	NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP ·			 				
TITLE NAME		☐ Defete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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



Daytime Phone #