2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P02000020214

Entity Name: LIVINGSTON MORRIS GROUP HOME, INC.

Current Principal Place of Business:

2960 NW 163 ST.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

2960 NW 163 ST.
MIAMI, FL 33054

New Mailing Address:

FEI Number: 01-0607778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON MORRIS, JOSEPHINE
2960 NW 163 ST.
MIAMI, FL 33054 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: PD ( ) Delete
Name: LIVINGSTON, JOSEPHINE
Address: 2960 NW 163 ST
City-St-Zip: MIAMI, FL 33054

Title: VP ( ) Delete
Name: LIVINGSTON, YOLANDA
Address: 239 NEW HOPE RD BLDG 7 APT 102
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: S ( ) Delete
Name: JAMES, PORTIA
Address: 1130 NW 90 ST
City-St-Zip: MIAMI, FL 33150

Title: 2VP ( ) Delete
Name: HARDER, TARICA
Address: 2020 NE 169 ST
City-St-Zip: OPA LOCKA, FL 33054

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

SIGNATURE: JOSEPHINE LIVINGSTON PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date