

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 005 ***158.75

DOCUMENT # P02000039087					
1. Entity Name LIFESTYLE UNDER THE SUN REAL ESTATE, INC.					
Principal Place of Business 12230 W. FOREST HILL BLVD SUITE 174 WEST PALM BEACH, FL 33414			Mailing Address 12230 W. FOREST HILL BLVD SUITE 174 WEST PALM BEACH, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1957270	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAVERNISE, WILLIAM A JR. 12011 POINCIANA BLVD. #204 ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restoring)					
Signature, typed or printed name of registered agent and title, if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAVERNISE, WILLIAM JR <input type="checkbox"/> Delete 12011 POINCIAN BLVD, 204 ROYAL PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUCCIO, SALVATORE <input checked="" type="checkbox"/> Delete 10297 NW 53RD CT CORAL SPRINGS, FL 33076				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAVERNISE, ANDREA <input type="checkbox"/> Delete 12011 POINCIANA BLVD., 204 WEST PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I 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 William A. Tavernise, Jr President					
Date: 01/11/05					
Daytime Phone #: 561-227-1551					