2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # P02000039087 01-25-2007 90055 022 ***158.75 LIFESTYLE UNDER THE SUN REAL ESTATE, INC. Principal Place of Business Mailing Address 12230 W. FOREST HILL BLVD 12230 W. FOREST HILL BLVD SUTTE 174 **SUITE 174** WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 43-1957270 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Avernise, William A TAVERNISE, WILLIAM A JR. Street Address (P.O. Box Number is Not Acceptable) 12011 POINCIANA BLVD. #204 ROYAL PALM BEACH, FL 33411 E. ROYAL PALM CINCLE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mesident TIM E ☐ Addition TITLE □ Delete TAJERNISE WILLAM A 123 E. Rayal Palyn TAVERNISE, WILLIAM JR NAME NAME STREET ADDRESS **12011 POINCIAN BLVD, 204** STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP Jec Traps Andre A TAVERNISE, ANDREA 123 E. RUYAL PALM ST ☐ Change TITLE Delete TITLE ■ Addition TAVERNISE, ANDREA NAME NAME STREET ADDRESS 12011 POINCIANA BLVD., 204 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the sagre legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or this tee 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 attachine it with an abdress, with all other like expowered. ク61-227-15SI

FILED

Jan 25, 2007 8:00 am