
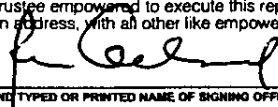


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 PM 1:18

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P02000060669 1. Entity Name GOOD LIVING INTERNATIONAL MARKETING SYSTEMS, INC. | | | |  | |
| Principal Place of Business 2183 US 27 N SEBRING, FL 33870 | | | Mailing Address 2183 US 27 N SEBRING, FL 33870 | | |
| 2. Principal Place of Business - No P.O. Box # 5217 Diamond Dr. | | 3. Mailing Address 5217 Diamond Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Sebring, FL 33875 | | | |
| City & State Sebring, FL | | City & State | | 4. FEI Number 59-3433986 | |
| Zip 33875 | | Country Hyland | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VELMONTE, BEN 2183 US 27 N SEBRING, FL 33870 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5217 Diamond Dr. City Sebring FL Zip Code 33875 | | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VELMONTE, TERI 3815 RAMIRO ST SEBRING, FL 33871 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200109715942 09/20/07--01058--005 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VELMONTE, BENJAMIN 3815 RAMIRO ST SEBRING, FL 33871 <input type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition B964/07 | |
| 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 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:  | | | Date 9/12/07 (321) 947-7745 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |