
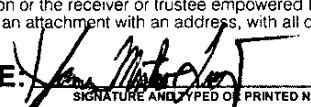


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90109 009 ***150.00

DOCUMENT # P02000087326 1. Entity Name LIVINGS INSURANCE CORPORATION																																																																																																																													
Principal Place of Business 2646 SW MAPP RD STE 206 101 PALM CITY, FL 34990			Mailing Address 2646 SW MAPP RD STE 206 PALM CITY, FL 34990																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101																																																																																																																											
City & State		City & State		4. FEI Number 51-0422211																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent LIVINGS, MATTHEW 2646 SW MAPP RD STE 206 PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 101 City FL 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 reinstating) DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LIVINGS, JAMES M</td> <td></td> <td>STREET ADDRESS</td> <td>Suite 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2646 SW MAPP RD STE 206 101 PALM CITY, FL 34990</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	LIVINGS, JAMES M		STREET ADDRESS	Suite 101		CITY-ST-ZIP	2646 SW MAPP RD STE 206 101 PALM CITY, FL 34990		CITY-ST-ZIP									TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  James Matthew Livings																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/8/07 Daytime Phone # 772-219-4171																																																																																																																									