## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000123348

Address:

City-St-Zip:

FILED Apr 08, 2004 Secretary of State

| Entity Na   | me: FLORIDA  | A LIVING CONCEPTS, INC.        |   |  |                                 |  |
|---|--|--------------------------------|---|--|---------------------------------|--|
| Current Principal Place of Business:                          |  |                                | New Princ                                   | New Principal Place of Business:                                       |                                 |  |
|   | TRIDGE CIR<br>D BEACH, FL                          | 33064                          |   |  |                                 |  |
| Current M   | lailing Addre                                      | ss:                            | New Maili                                   | New Mailing Address:   |                                 |  |
|   | TRIDGE CIR<br>D BEACH, FL                          | 33064                          |   |  |                                 |  |
| FEI Number  | : 65-1163326                                       | FEI Number Applied For()       | FEI Number Not Appl                         | icable ( ) Ce  | rtificate of Status Desired ( ) |  |
| Name and  | Address of (                                       | Current Registered Agent:      | Name and                                    | Address of New   | Registered Agent:               |  |
| FELIU, IVIS<br>6290 NW 31ST WAY<br>FT LAUDERDALE, FL 33309 US |  |                                | 4014 EAST                                   | LEBLANC, MICHAEL J<br>4014 EASTRIDGE CIR<br>POMPANO BEACH, FL 33064 US |                                 |  |
|   | named entity<br>e of Florida.                      | submits this statement for the | purpose of changing i                       | ts registered office   | or registered agent, or both,   |  |
| SIGNATUI  | RE: MICHAE   | _ J LEBLANC                    |   |  | 04/08/2004                      |  |
|   | Electro  | nic Signature of Registered Ag | jent  |  | Date                            |  |
| Election Car  | mpaign Financin                                    | g Trust Fund Contribution ( ). |   |  |                                 |  |
| OFFICERS AND DIRECTORS:                                       |  |                                | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                           |                                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | P (<br>FELIEU, MANU<br>6290 NW 31 W<br>FT LAUDERDA | /AY                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Cha  | nge()Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | CATANO, FELI<br>4014 EASTRIE                       |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Cha  | nge()Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | (  | ) Delete                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | D () Cha<br>LEBLANC, MICHAEI<br>4014 EASTRIDGE C<br>POMPANO BEACH,     | cir.                            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | (  | ) Delete                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | D () Cha<br>LEBLANC, NORA J<br>4014 EASTRIDGE C<br>POMPANO BEACH,      |                                 |  |
| Title:  | (  | ) Delete                       | Title:<br>Name:                             | D () Cha   | nge (X) Addition                |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

14881 SW 20 ST

City-St-Zip: MIRAMAR, FL 33027

SIGNATURE: MICHAEL J LEBLANC D 04/08/2004