


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000045356 1. Entity Name LIFE STYLE RHYTHM, INC.	
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Principal Place of Business 448 LIGHTHOUSE LANDING ST SATELLITE BEACH, FL 32937	Mailing Address 448 LIGHTHOUSE LANDING ST SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2447458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINA, RHONDA
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000781119 01/15/08-80022-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MESSINA, RHONDA 448 LIGHTHOUSE LANDING ST SATELLITE BEACH, FL 32937
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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: Rhonda Messina **RHONDA MESSINA** 1-1108 321-777-7209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #