

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000062546

Entity Name: LIFESTYLE HOME PRODUCTS, INC.

**FILED**  
**Oct 26, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

26501 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

26501 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-1000596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FENN, MICHAEL T  
26501 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

SASS, PATRICK M PRESIDE  
26501 S TAMIAMI TRAIL  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: PATRICK M SASS

10/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FENN, MILES  
Address: 23690 MERANO CT #101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Delete  
Name: FENN, MICHAEL THOMAS  
Address: 23690 MERANO CT #101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S (X) Delete  
Name: FENN, O W JR  
Address: 510 EMERYWOOD DR  
City-St-Zip: HIGH POINT, NC 27262

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SASS, PATRICK M P  
Address: 3475 LAKE SHORE DRIVE UNIT123  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: PATRICK M SASS

P

10/26/2006

Electronic Signature of Signing Officer or Director

Date