

871-7791

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064750	
1. Entity Name LIVING MADE SIMPLE INC.	

Principal Place of Business 883 S.E. ROULETTE LANE PORT ST. LUCIE, FL 34952	Mailing Address 883 S.E. ROULETTE LANE PORT ST. LUCIE, FL 34953
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07052008 No Chg-P CF2EC34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1027290	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUTTON, KAREN 883 S.E. ROULETTE LANE PORT ST. LUCIE, FL 34953	
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**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 _____
Signature, typed or printing name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing) (DATE: _____)**FILE NOW!!! FEE IS \$150.00
Due by September 5, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BUTTON, KAREN 883 S.E. ROULETTE LANE PORT ST. LUCIE, FL 34953
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07/10/06-80003-023 150.00**DO NOT WRITE
IN THIS SPACE**

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:*Karen J. Button*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*7/10/06*
DATE*President*
OFFICIAL TITLE