2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: LAKESHORE LIVING, INC.

Current Principal Place of Business:

10919 MISTLETOE DR
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

10919 MISTLETOE DR
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 20-1055926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, EDWIN B
2709 ROCKY POINT DR., SUITE 102
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CALDWELL, DAVID
Address: P. O. BOX 1388
City-St-Zip: THONOTOSASSA, FL 33592

Title: EX D
Name: CARR, ROB
Address: 10919 MISTLETOE DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: T
Name: COHEN, ROBERT
Address: 10919 MISTLETOE DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: B S
Name: MORROW, LUAN
Address: 10919 MISTLETOE DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP M
Name: ROMANER, HARRIS
Address: 10919 MISTLETOE DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: SEC
Name: CALDWELL, DAVID W
Address: 10919 MISTLETOE DR
City-St-Zip: THONOTSASSA, FL 33592

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. CALDWELL P 07/05/2012

Electronic Signature of Signing Officer or Director Date