2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142152

Entity Name: LIVINGSTON DESIGNS, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3591 SW 63RD LANE 3749 SW 42ND AVE

GAINESVILLE, FL 32601 SUITE#8

GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

3749 SW 42ND AVE 3591 SW 63RD LANE GAINESVILLE, FL 32601

SUITE #8

GAINESVILLE, FL 32608

FEI Number: 20-1776398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

R. TODD LIVINGSTON R. TODD LIVINGSTON 3591 SW 63RD LANE 3591 SW 63RD LANE

GAINESVILLE, FL 32601 US GAINESVILLE, FL 32608 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: 07/05/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete

R. TODD LIVINGSTON,

GAINESVILLE, FL 32601

3591 SW 63RD LANE

3591 SW 63RD LANE

GAINESVILLE, FL 32601

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition R. TODD LIVINGSTON, Name:

3591 SW 63RD LANE Address: City-St-Zip: GAINESVILLE, FL 32608

() Delete Title: PTD Title: (X) Change () Addition LIVINGSTON, NATASHA J Name:

LIVINGSTON, NATASHA J Name: 3591 SW 63RD LANE Address: GAINESVILLE, FL 32608 City-St-Zip:

Title: Title: SD () Delete SD (X) Change () Addition

LIVINGSTON, RICHARD L Name: LIVINGSTON, RICHARD L Name: 3591 SW 63RD LANE 1617 SW 63RD AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify 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: R. TODD LIVINGSTON VD 07/05/2007