


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90055 021 \*\*\*150.00

<b>DOCUMENT # P04000161385</b>			
1. Entity Name <b>TIMELESS LIFESTYLE CONCEPTS, INC.</b>			
Principal Place of Business <b>2204 SE 17TH STREET FT. LAUDERDALE FL 33316</b>		Mailing Address <b>2204 SE 17TH STREET FT. LAUDERDALE FL 33316</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>MILLS, CASEY W. ESQ. 600 S. ANDREWS AVE. SUITE 600 FT. LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent Name <b>LINDA SAIDEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 SEMINOLE DRIVE # 1107</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33304</b>	
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 <i>Linda Saidel</i> DATE <b>3-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAIDEL, LINDA 2204 SE 17TH STREET FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1010 SEMINOLE DRIVE #1107 FT. LAUDERDALE, FLA. 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, CHRISTINA 2204 SE 17TH STREET FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD PMP #919 121425 OVERSEAS HWY. KEY LARGO, FL. 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASCAIS, TONKA 2204 SE 17TH STREET FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>53 2665 N.E. 26 AVE. FT. LAUDERDALE, FL. 33306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda Saidel* **LINDA SAIDEL** DATE: **3-15-05** (954) 767-8005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #