

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 046 \*\*\*150.00

<b>DOCUMENT # P05000016430</b> 1. Entity Name <b>MAXIMUS LIFESTYLES INC</b>					
Principal Place of Business <b>125 JEFFERSON AVE. #137 MIAMI BEACH, FL 33139</b>			Mailing Address <b>125 JEFFERSON AVE. #137 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>9497 S. DIXIE HWY Suite, Apt. #, etc. PMB # 247</b>		3. Mailing Address <b>9497 S DIXIE HWY Suite, Apt. #, etc. PMB # 247</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>20-2248528</b>	
Zip <b>33156-2933</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURNER, SUSAN 125 JEFFERSON AVE. #137 MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name <b>SUSAN TURNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>9497 S. DIXIE HWY PMB # 247</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156-2933</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 <u><i>Susan Turner</i></u> (NOTE: Registered Agent signature required when reappointing) <span style="float: right;">x 9/26/06 DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TURNER, SUSAN 125 JEFFERSON AVE. #137 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>SUSAN TURNER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9497 S. DIXIE HWY PMB # 247 MIAMI FL 33156-2933</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		
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 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: <u><i>Susan Turner</i></u> <span style="float: right;">x 9/26/06 DATE</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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