

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90254 032 \*\*\*158.75

<b>DOCUMENT # P05000096453</b>	
1. Entity Name <b>LIFE-STYLE HOMES OF AMERICA, INC.</b>	



Principal Place of Business <b>19 S PALMETTO AVE. SUITE 163 DAYTONA BEACH, FL 32114</b>	Mailing Address <b>19 S PALMETTO AVE. SUITE 163 DAYTONA BEACH, FL 32114</b>
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2. Principal Place of Business - No P.O. Box # <b>530 No. Ridgewood Av</b>	3. Mailing Address <b>530 No Ridgewood Av.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Daytona Beach</b>	City & State <b>Daytona Beach</b>
Zip <b>32114</b>	Zip <b>32114</b>
Country <b>Volusia</b>	Country <b>Volusia</b>

20001000



05012008 Chg-P CR2E034 (12/06)

4. FEI Number <b>51-0549032</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City <b>FL</b> Zip Code		

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FORRESTER, E. STEWART <input type="checkbox"/> Delete 10 DOWNING DRIVE PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FORRESTER, E. STEWART</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>850 No. Clyde Morris Bl. #3104</b> <b>DAYTONA BEACH, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARTIN, ROBERT <input type="checkbox"/> Delete 10 DOWNING DRIVE PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Martin Robert</b> <b>530 No Ridgewood Av</b> <b>DAYTONA BEACH, FL 32114</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:** E. Stewart Forrester **E. Stewart Forrester** 4-30-08 386-274-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #