

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90006 013 \*\*\*150.00

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # P05000106334</b><br>1. Entity Name<br><b>LIVING FRANCE, INC</b>  |   |  |   |    |   |
| Principal Place of Business<br><b>1564 MAIN ST<br/>SARASOTA FL 34236</b>   |   |  | Mailing Address<br><b>1564 MAIN ST<br/>SARASOTA, FL 34236</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |   |
| City & State<br>Zip      Country   |   | City & State<br>Zip      Country           |   | 4. FEI Number<br><b>20-3232719</b>  |   |
| City & State<br>Zip      Country   |   | City & State<br>Zip      Country           |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>HEXAGON INTERNATIONAL, INC<br/>8297 CHAMPIONS GATE BLVD<br/>#200<br/>CHAMPIONS GATE, FL 33896</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>CHRISTIAN MATTEINI</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>4929 THAMES LANE</b><br>City <b>SARASOTA</b> FL <b>34238</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.<br>SIGNATURE  DATE <b>30 April 2007</b><br><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<br/>After May 1, 2007 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PT<br>MATTEINI, CHRISTIAN<br>1564 MAIN ST<br>SARASOTA, FL 34236 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPS<br>MATTEINI, HELENE<br>1564 MAIN ST<br>SARASOTA, FL 34236   | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |   |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Date <b>30 April 2007</b> Daytime Phone #     |   |   |

40115700



04302007 Chg-P CR2E034 (12/06)