2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# P05000143412

Entity Name: HOME STYLE LIVING, INC.

Current Principal Place of Business:

1705 FAIRCHILD ST
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

1926 RUE LA FONTAINE
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 20-3692866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM
1901 ANDORRA STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

MASON, PHILLIP S PRES
1926 RUE LA FONTAINE
NAVARRE, FL 32566 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: PHILLIP MASON 05/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASON, PHILLIP PRES
Address: 1926 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566 US

Title: VP ( ) Delete
Name: MASON, BLANE VP
Address: 1080 FARMINGTON ROAD
City-St-Zip: PENSACOLA, FL 32504 US

Title: SEC (X) Delete
Name: MASON, ASHLEY SEC
Address: 1080 FARMINGTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: TRES (X) Delete
Name: MASON, NICOLAI TRES
Address: 1926 RUE LA FONTAINE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PHILLIP MASON PRES 05/15/2009
Electronic Signature of Signing Officer or Director Date