


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 006 ***150.00

DOCUMENT # P06000065931			
1. Entity Name LIFESTYLE DESIGNERS, INC.			
Principal Place of Business 1025 LAKE SHORE DRIVE SUITE #202 WEST PALM BEACH FL 33403 US		Mailing Address 1025 LAKE SHORE DRIVE SUITE #202 WEST PALM BEACH FL 33403 US	
2. Principal Place of Business - No P.O. Box # 3812 Northlake Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. Palm Beach Gardens		Suite, Apt. #, etc.	
City & State FL.		City & State	
Zip 33403	Country Palm Beach	Zip	Country
6. Name and Address of Current Registered Agent RANDALL, VICTORIA M 1025 LAKE SHORE DRIVE SUITE #202 WEST PALM BEACH FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Victoria Randall, CEO</u> <u>Victoria Randall</u> <u>3-24-07</u> Signature, typed or printed name of registered agent and officer, respectively (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RANDALL, VICTORIA M 1025 LAKE SHORE DRIVE, SUITE #202 WEST PALM BEACH FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Victoria Randall Victoria Randall 3-24-07 561 622-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #