



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90019 013 \*\*\*158.75

<b>DOCUMENT # P07000015728</b> 1. Entity Name <b>LIFETIME IMPRESSIONS, INC</b>																													
Principal Place of Business <b>840 W. HOGLE AVE. DELAND, FL 32720</b>			Mailing Address <b>840 W. HOGLE AVE. DELAND, FL 32720</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State <b>Deland, FL</b>		City & State <b>Deland, FL</b>		4. FEI Number <b>22-3953817</b>																									
Zip <b>32720</b>		Country <b>FL</b>		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 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>Michael D. Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>840 W. Hogle Ave.</b> City <b>Deland</b> <b>FL</b> Zip Code <b>32720</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 <b>Michael D. Davis</b> <b>2/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<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>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">DPS</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, MICHAEL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>556 MCLNTOSH ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> </table>			TITLE	DPS	<input type="checkbox"/> Delete	NAME	DAVIS, MICHAEL D		STREET ADDRESS	556 MCLNTOSH ROAD		CITY - ST - ZIP	ORMOND BEACH, FL 32174		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">VT</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael D. Davis</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>840 W. Hogle Ave.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Deland, FL 32720</td> <td></td> </tr> </table>			TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Michael D. Davis		STREET ADDRESS	840 W. Hogle Ave.		CITY - ST - ZIP	Deland, FL 32720	
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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: <b>Michael D. Davis President</b> <b>2/25/08</b> <b>386-882-5134</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													