

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015728

FILED
Apr 29, 2009
Secretary of State

Entity Name: LIFETIME IMPRESSIONS, INC

Current Principal Place of Business:

840 W. HOGLE AVE.
DELAND, FL 32720

New Principal Place of Business:

495 WILD OLIVE AVE.
ORMOND BEACH, FL 32176 US

Current Mailing Address:

840 W. HOGLE AVE.
DELAND, FL 32720

New Mailing Address:

495 WILD OLIVE AVE.
ORMOND BEACH, FL 32176 US

FEI Number: 22-3953817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, MICHAEL D
840 W. HOGLE AVE.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

DAVIS, MICHAEL D
495 WILD OLIVE AVE.
ORMOND BEACH, FL 32176 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: _____

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DAVIS, MICHAEL D
Address: 840 W. HOGLE AVE.
City-St-Zip: DELAND, FL 32720

Title: VT () Delete
Name: DAVIS, MICHAEL D
Address: 840 W HOGLE AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: DAVIS, MICHAEL D
Address: 495 WILD OLIVE AVE.
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VT (X) Change () Addition
Name: DAVIS, MICHAEL D
Address: 495 WILD OLIVE AVE.
City-St-Zip: ORMOND BEACH, FL 32176 US

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: MICHAEL D. DAVIS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date