

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 047 \*\*\*550.00

<b>DOCUMENT # P07000027079</b> 1. Entity Name <b>LIVING LIFE ENTERPRISES, INC.</b>																																																																						
Principal Place of Business <b>2117 47TH STREET SUITE 2 SARASOTA FL 34234 US</b>			Mailing Address <b>2117 47TH STREET SUITE 2 SARASOTA FL 34234 US</b>																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																				
City & State		City & State																																																																				
Zip	Country	Zip	Country	4. FEI Number <b>20-8541843</b>																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																						
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 3, 2008</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		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: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>BRANCH, DAVID</b></td> <td><b>2117 47TH STREET</b></td> <td><b>SARASOTA FL 34234</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>BRANCH, DAVID</b>	<b>2117 47TH STREET</b>	<b>SARASOTA FL 34234</b>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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.																																																																						
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;"><i>8/1/08</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																						