

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 18, 2009  
Secretary of State**

DOCUMENT# P07000033533

Entity Name: SIMPLY DELICIOUS - YARDY STYLE INC

**Current Principal Place of Business:**

7224 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

7224 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

FEI Number: 86-8201804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, BEVERLY  
7224 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

LIVINGSTON, LEACROFT  
7224 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 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: LEACROFT LIVINGSTON      05/18/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIVINGSTON, BEVERLY  
Address: 7224 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP ( ) Delete  
Name: LIVINGSTON, LEACROFT  
Address: 7224 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP ( ) Delete  
Name: BROWN, ANDRE  
Address: 7224 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP ( ) Delete  
Name: LIVINGSTON, LISA  
Address: 7224 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VPD (X) Delete  
Name: WILLIAMS, ANDREW L  
Address: 7224 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

**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:

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: LEACROFT LIVINGSTON      VP      05/18/2009  
Electronic Signature of Signing Officer or Director      Date