

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096523

Entity Name: 119 LIVE, INC.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

119 SIGNATURE DRIVE  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510247  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

FEI Number: 26-1806763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PARKER, JEFFERY T  
211 ASH AVE  
MELBOURNE BEACH, FL 32951 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WINKLER, DAN  
Address: 119 SIGNATURE DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 329513279

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST ( ) Change (X) Addition  
Name: PARKER, JEFF  
Address: 211 ASH AVE.  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: JEFFERY T PARKER

VST

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date