2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P08000062355

Entity Name: LIFETIME BATH SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

235 W. BRANDON BLVD
#107
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

235 W. BRANDON BLVD
#107
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 26-2886218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOWEN, DEBORA
235 W. BRANDON BLVD
#107
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

GOWEN, TERRANCE P
235 W. BRANDON BLVD
#107
BRANDON, FL 33511 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: TERRANCE P. GOWEN 03/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KHAN, IMRAN
Address: 235 W. BRANDON BLVD #107
City-St-Zip: BRANDON, FL 33511 US

Title: VP ( ) Delete
Name: HERRICK, RICHARD
Address: 235 W BRANDON BLVD #107
City-St-Zip: BRANDON, FL 33511 US

Title: ST ( ) Delete
Name: GOWEN, DEBORA A
Address: 235 W. BRANDON BLVD #107
City-St-Zip: BRANDON, FL 33511 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOWEN, TERRANCE P
Address: 235 W. BRANDON BLVD #107
City-St-Zip: BRANDON, FL 33511 US

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

Title: VP (X) Change ( ) Addition
Name: KHAN, IMRAN
Address: 235 W. BRANDON BLVD #107
City-St-Zip: BRANDON, FL 33511 US

Title: S/T ( ) Change (X) Addition
Name: GOWEN, TERRANCE P
Address: 235 W. BRANDON BLVD #107
City-St-Zip: BRANDON, FL 32832

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: TERRANCE P. GOWEN PRES 03/17/2009
Electronic Signature of Signing Officer or Director Date