2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90473 002 ***158.75 DOCUMENT # P93000001165 LIVING WELL LEASING CORP. Living Well Leasing Corp. 225 N. Atlantic Ave. #603 Cocoa Beach, FL 32931 Principal Place of Business 40073099 975 NEWFOUND HARBOR DR. 975 NEWFOUND HARBOR DR. MERRITFISLAND, FL 32952 MERRITLISTAND, FL 32952 2. Principal Place of Business 3. Mailing Address 225 N. ATLANTIC AIR 225 N. Suite, Apt. #, etc. # 603 Suite, Apt. #, etc CR2E034 (10/03) 04292005 Chg-P #603 City & State City & State 4. FEI Number Applied For Beach, COCOA Coreon 59-3172389 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired *32*93 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUZMAN, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 2400 N. COURTENAY PKWY. Living Well Leasing Corp. UNIT 1 225 N. Atlantic Ave. #603 MERRITT ISLAND, FL 32953 225 North Allantic Ave #603 Cocoa Beach, FL 32931 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. 4-29-05 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change ☐ Addition GUZMAN, ERIK J NAME NAME 975 NEWFOUND HARBOR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GUZMAN, JUDITH C NAME NAME 2400 N. COURTENAY PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNAPLIFE AND TYPED OR PRINTED NAME OF SKOPING OFFICER OR DIRECTOR

SIGNATURE:

FILED

May 02, 2005 8:00 am Secretary of State