

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027428

Entity Name: LIFESTYLE MAGIC, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

22 W MONUMENT AVE
27
KISSIMMEE, FL 34741 US

Current Mailing Address:

22 W MONUMENT AVE
27
KISSIMMEE, FL 34741 US

FEI Number: 59-3364745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, KEITH
3535 1ST AVE N
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

120 BROADWAY
303
KISSIMMEE, FL 34741 US

New Mailing Address:

120 BROADWAY
303
KISSIMMEE, FL 34741 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: MR () Delete
Name: LEIBE, TIM
Address: 22 W MONUMENT AVE, STE 27
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MRS () Delete
Name: LEIBE, ANN
Address: 22 W MONUMENT AVE, STE 27
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: LEIBE, TIM
Address: 120 BROADWAY, SUITE 303
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MRS (X) Change () Addition
Name: LEIBE, ANN
Address: 120 BROADWAY, SUITE 303
City-St-Zip: KISSIMMEE, FL 34741 US

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: TIMOTHY LEIBE

MR

04/25/2008

Electronic Signature of Signing Officer or Director

Date