

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG -7 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS



DOCUMENT # P98000096870 1. Entity Name FLORIDA LIVING CONSTRUCTION, INC.					
Principal Place of Business 4832 SHELLSTREAM BOULEVARD NEW PORT RICHEY, FL 34652			Mailing Address 4832 SHELLSTREAM BOULEVARD NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 59-3543904				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street 4th Floor City Miami		
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. Spiegel & Utrera, P.A.			FL Zip Code 33145		
SIGNATURE: <i>Natalia Utrera</i> By: Natalia Utrera, Vice President					
Signature, typed or printed name of registered agent and not applicable					
DATE: 8-3-07					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD KALLER, PATRICIA M 4832 SHELLSTREAM BOULEVARD NEW PORT RICHEY, FL 34652			TITLE NAME STREET ADDRESS CITY- ST- ZIP 70010802 P.A. Change 09/14/07--01017--010 *\$150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP VTD KALLER, JEFFREY R 4832 SHELLSTREAM BOULEVARD NEW PORT RICHEY, FL 34652			TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>Jeffrey Kaller</i> 8-3-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone					