

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054553

Entity Name: MAXIMIZED LIVING, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

610 SYCAMORE STREET
SUITE 350
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

610 SYCAMORE STREET
SUITE 350
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 59-3592026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAN, GREG
11905-C NORTH TAMIAMI TRAIL
NAPLES, FL 34110 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: PD () Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: LERNER, BEN
Address: 604 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: T () Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GREG LOMAN

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date