2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# P99000054553

Entity Name: MAXIMIZED LIVING, INC.

Current Principal Place of Business:

1420 CELEBRATION BLVD. SUITE 200
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

1420 CELEBRATION BLVD. SUITE 200
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
2515 NORTHBROOKE PLAZA DR
SUITE 102
NAPLES, FL 34119 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LOMAN, GREG
Address: 2515 NORTHBROOKE PLAZA DR, STE 102
City-St-Zip: NAPLES, FL 34119

Title: S
Name: LOMAN, GREG
Address: 2515 NORTHBROOKE PLAZA DR, STE 102
City-St-Zip: NAPLES, FL 34119

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

Title: T
Name: LOMAN, GREG
Address: 2515 NORTHBROOKE PLAZA DR, STE 102
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: SHEL HART PRES 01/23/2012

Electronic Signature of Signing Officer or Director Date