2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105057

Entity Name: LIVING QUARTERS USA, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11522 SW 187 TERRACE 1360 SHARAZAD BLVD OFFICE

MIAMI, FL 33157 OPA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

11522 SW 187 TERRACE 1360 SHARAZAD BLVD OFFICE

MIAMI, FL 33157 OPA-LOCKA, FL 33054

FEI Number: 65-0965350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENNEDY, JOHN KENNEDY, JOHN 11522 SW 187 TERRACE 14041 SW 54 ST MIAMI, FL 33157 MIRAMAR, FL 33027 US

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: 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition KENNEDY, JOHN Name: Name: KENNEDY, JOHN

11522 SW 187 TERRACE 1360 SHARAZAD BLVD OFFICE Address: Address:

City-St-Zip: MIAMI, FL 33157 City-St-Zip: OPA-LOCKA, FL 33054

Title: Title: (X) Change () Addition () Delete NEWTON, CHRISTINE Name: NEWTON, CHRISTINE

Name: 11522 SW 187 TERRACE 1360 SHARAZAD BLVD OFFICE Address: Address:

MIAMI, FL 33157 OPA-LOCKA, FL 33054 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete MGR KENNEDY, JOHN Name: KENNEDY, JOHN Name:

11522 SW 187 TERRACE 1360 SHARAZAD BLVD OFFICE Address: Address:

City-St-Zip: MIAMI, FL 33157 City-St-Zip: OPA-LOCKA, FL 33054

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: JOHN KENNEDY MGR 05/01/2009