


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90013 016 \*\*\*158.75

DOCUMENT # S80516 1. Entity Name LIFESTYLE BUILDERS OF ORLANDO, INC.	
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Principal Place of Business 1 DRENNEN ROAD ORLANDO, FL 32806	Mailing Address 1 DRENNEN ROAD ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**

40100385



01082008 No Chg-P CR2E034 (11/05)


4. FEI Number 59-3081486	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, JEFFREY E  
1 DRENNEN ROAD  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE  JEFFREY E. STUART, Director/President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-23-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUART, CC 5259 FORMBY DR ORLANDO, FL <b>DELETE (deceased)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STUART, JEFFREY E. 1 DRENNEN RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUART, PHYLLIS 5259 FORMBY DRIVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NALL, M C 237 LINDA VISTA ST. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  M. CARLENE NALL 407-859-3436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/23/08 Daytime Phone #