

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00343

FILED
Apr 27, 2009
Secretary of State

Entity Name: LIFELINE INFLATABLE SERVICES INC.

Current Principal Place of Business:

1423 NW 165 ST
MIAMI, FL 33169

New Principal Place of Business:

1590 NW 159TH STREET
MIAMI, FL 33169

Current Mailing Address:

1423 NW 165 ST
MIAMI, FL 33169

New Mailing Address:

1590 NW 159TH STREET
MIAMI, FL 33169

FEI Number: 65-0300977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLETTE, GLENN S.
1423 NW 165 ST
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

GILLETTE, GLENN S.
1590 NW 159TH STREET
MIAMI, FL 33169 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILLETTE, GLENN S.
Address: 1423 NW 165 ST
City-St-Zip: MIAMI, FL 33169

Title: V () Delete
Name: GILLETTE, LEE M
Address: 1423 NW 165 ST
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: CRESPO, ANTOINETTE M SEC
Address: 1423 NW 165TH STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GILLETTE, GLENN S.
Address: 1590 NW 159TH STREET
City-St-Zip: MIAMI, FL 33169

Title: V (X) Change () Addition
Name: GILLETTE, LEE M
Address: 1590 NW 159TH STREET
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change () Addition
Name: CRESPO, ANTOINETTE M SEC
Address: 1590 NW 159TH STREET
City-St-Zip: MIAMI, FL 33169

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: LEE M GILLETTE

V

04/27/2009

Electronic Signature of Signing Officer or Director

Date