2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# 770969

Entity Name: LAMBDA SOUTH, INC.

Current Principal Place of Business:

1231-A EAST LOS OLAS BLVD.
FT. LAUDERDALE, FL 33303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 030339
FT. LAUDERDALE, FL 333030339

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODRUFF, MARK
215 N VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301 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: AT ( ) Delete
Name: DUPOIS, ALLEN
Address: 9311 NW 43RD MANOR
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete
Name: REDDINTON, RICHARD
Address: 3040 NE 16TH AVE #A115
City-St-Zip: OAKLAND PARK, FL 33334

Title: TD ( ) Delete
Name: DEMPSEY, LISA
Address: 121 NE 45TH ST
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: P ( ) Delete
Name: TURBOX, BRYAN
Address: 1100 NE 18TH AVE APT 6
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: S (X) Delete
Name: WOODRUFF, MARK
Address: 215 N VICTORIA PARK RD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUPOIS, ALLEN
Address: 9311 NW 43RD MANOR
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change ( ) Addition
Name: WYNN, BILL
Address: 2206 S.CYPRESS BEND DR. #707
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD (X) Change ( ) Addition
Name: GARRETT, MATT
Address: 619 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S (X) Change ( ) Addition
Name: WOODRUFF, MARK
Address: 205 N. VICTORIA PARK RD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT GARRETT TD 07/12/2006

Electronic Signature of Signing Officer or Director — Date