2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90184 033 ****61.25

1. Entity Nam LAMBDA Principal Place 1231-A EAST FT. LAUDERD	e of Busines: I LOS OLAS IALE, FL 33	s BLVD.	P.O. Ì FT. L	Mailing Address P.O. BOX 030339 FT. LAUDERDALE, FL 33303-0339 3. Mailing Address				, 4 1	0082242	2		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03052007	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State					4. FEI Numbe NOT AP	PLICABLE		— —	plied For
Zip	Country			Zip . Co			5. Certificate of Status Desired \$8.75 Additional Fac Required			litional		
6. Name and Address of Current			Registere	egistered Agent			7. Name and Address of New Registered Agent					
WOODRUFF, MARK 215 N VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301						Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
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 Signature, hoed or printed name of regardered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Frust Fund Contribut							\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ALLEN 43RD MANOR , FL 33351									Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ILL YPRESS BEND DR. #7 O BEACH, FL 33069	707				P				Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T, MATT AKERS AVE UDERDALE, FL 33304	1	⊠ Delete			270	RGE F. C. C.S. CAKE (LAND PR	LAND FORE	37 DR 33319	□ Change #464	⊠ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	205 N. VI	JFF, MARK CTORIA PARK RD. UDERDALE, FL 3330	1	⊠ Delete			141	9 NE 4	ARK, FL S AVID PLACE RDALL, F		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			46	EMENTS,	WILLIAM Y ANE YARK, FI			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
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 617, 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: 4/8/07 954-465-3317												
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