2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P97000049798 May 11, 2007 08:00 AM 1. Entity Name 135 LAKE WORTH CORP. **Secretary of State** Mailing Address Principal Place of Business 5801 CONGRESS AVE. 5801 CONGRESS AVE. BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US 05072007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0760361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S DO NOT WRITE 500 E. BROWARD BLVD., STE. 1950 FT. LAUDERDALE, FL 33394 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE U00000763660 WOLF, STEVEN NAME 05/30/07-80022-010 550.00 STREET ADDRESS 5801 CONGRESS AVE. CITY-ST-ZIP BOCA RATON, FL 33487 TITLE SIEMENS, RICHARD 5801 CONGRESS AVE. STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 toustee 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 all other the empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytima Phone #