2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# S32112

Entity Name: LOTTA GP INC.

Current Principal Place of Business:

890 SR 434 N
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

890 SR 434 N
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3067447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN, LAUREN B
890 SR 434 N
ALTAMONTE SPRINGS, FL 32714 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: VD
Name: FEINSTEIN, JEROME D.
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD
Name: GOODMAN, LAUREN B.
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD
Name: GOODMAN, MICHAEL A.
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: JACOBS, HARRY N.
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD
Name: GOLD,, H. SCOTT
Address: 890 STATE ROAD 434 NORTH
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: LAUREN B. GOODMAN PD 01/06/2011

Electronic Signature of Signing Officer or Director Date