

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105600

Entity Name: LAMB PRODUCTIONS, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

361 SW MAJESTIC TERRACE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

1835 N HWY A1A
APT 503
INDIALANTIC, FL 32903

Current Mailing Address:

361 SW MAJESTIC TERRACE
PORT ST LUCIE, FL 34984

New Mailing Address:

1835 N HWY A1A
APT 503
INDIALANTIC, FL 32903

FEI Number: 65-0969682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, L. ANGELIA
361 SW MAJESTIC TERRACE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

BELL, L. ANGELIA
1835 N HWY A1A
APT 503
INDIALANTIC, FL 32903 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: L ANGELIA BELL

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, L. ANGELIA
Address: 361 SW MAJESTIC TERRACE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP () Delete
Name: BELL, DWIGHT W
Address: 361 SW MAJESTIC TERRACE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELL, L. ANGELIA
Address: 1835 N HWY A1A APT 503
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Change () Addition
Name: BELL, DWIGHT W
Address: 1835 N HWY A1A APT 503
City-St-Zip: INDIALANTIC, FL 32903

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: L ANGELIA BELL

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date