


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 378682 1. Entity Name LAMBETH CITRUS PRODUCTS, INC.	
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Principal Place of Business 7150 20TH STREET STE A VERO BEACH, FL 32966	Mailing Address PO BOX 2090 VERO BEACH, FL 32961
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DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1361751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMBETH, GEORGE S
7150 20TH STREET STE A
VERO BEACH, FL 32966

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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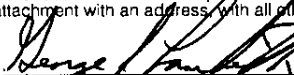
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBETH JR, GEORGE S 1455 48TH CT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBETH, SCOTT W 1405 46TH AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBETH, SCOTT W 1405 46TH AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, JUDITH 7304 CABANA LANE FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/08-80058-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:  **4/15/08** **772-562-4502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #