2007 FOR PROFIT CORPORATION

SIGNATURE:

Feb 08, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT #426449** 02-08-2007 90052 031 ***150.00 1. Entity Name LORD AND LORD INC Principal Place of Business Mailing Address 40012144 3070 SW MAPP ROAD 3070 SW MAPP ROAD PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 CR2E034 (12/06) Chq-P Applied For 4. FEI Number City & State City & State 59-1479269 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LORD, ROBERT L, JR. Street Address (P.O. Box Number is Not Acceptable) 3070 S.W.MAPP RD. PALM CITY, FL 34990 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD**∑** Change PΩ ☐ Addition ☐ Delete TITLE TITLE LORD, ROBERT L. NAME Lord, Robert L. NAME 4635 NE Indian River Drive STREET ADDRESS 3861 SW BIMINI CIRCLE STREET ADDRESS PALM CITY, FL CITY-ST-ZIP Jensen Beach, FL 34957 CITY-ST-ZIP M Change ☐ Delete TITLE ☐ Addition LORD, MOZELLE V. Lord, Mozelle V. NAME NAME 3861 SW BIMINI CIRCLE STREET ADDRESS 4635 NE Indian River Drive STREET ADDRESS Jensen Beach, FL 34957 CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

UNTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #