

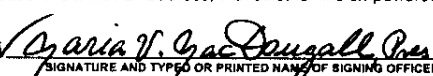


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 007 ***150.00

DOCUMENT # 490913 1. Entity Name LYSAN FORWARDING COMPANY					
Principal Place of Business 5220 NW 72ND AVE BAY-34 MIAMI, FL 33166			Mailing Address P.O. BOX 972687 MIAMI, FL 33297-2687		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5210 Yanceyville Rd. Suite, Apt. #, etc.			
City & State _____		City & State Browns Summit, N.C.		4. FEI Number NOT APPLICABLE	
Zip _____	Country _____	Zip 27214-9637	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDOUGALL, MARIA V. 5220 N.W. 72ND AVE., BAY-34 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Michael E. Oesterle Street Address (P.O. Box Number is Not Acceptable) 407 N.E. 1st Street City Crystal River FL Zip Code 34429	
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  Michael E. Oesterle 2/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDOUGALL, MARIA V. 19830 S.W. 101ST AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARIA V. MACDOUGALL 5210 YANCEYVILLE RD. Browns Summit, NC 27214-9637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDOUGALL, MARIA V. 19830 S.W. 101ST AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  MARIA V. MACDOUGALL 04/18/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Daytime Phone # 305-592-6375					